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ABSTRACT

A 1989 national survey of the dimensions of homelessness found that at least three million Americans are homeless and that the shortage of affordable housing was cited as the chief cause. Information was gathered from a telephone survey of emergency shelter providers, housing advocacy organizations, and local governments in 26 communities, ranging from small rural communities to large cities. The following summary findings are reported: (1) virtually every community, regardless of size, reported that its housing needs and the rate of homelessness were growing but none would be able to meet the need in the foreseeable future; (2) families with children comprised the fastest growing sector of the homeless population, the majority of which were headed by women, and unaccompanied minors comprised over 25 percent of the homeless in large cities; (3) special needs groups within the homeless population included the mentally ill, comprising at least 30 percent of the homeless in 17 communities, and substance abusers, comprising 33 percent of the homeless in 16 communities; (4) although not identified in the survey, there is growing evidence that Acquired Immune Deficiency Syndrome (AIDS) can cause able-bodied, fully-functioning individuals to become homeless; and (5) minority groups, usually African Americans, comprised over half of the homeless population in 11 communities but the rate of homelessness among Hispanic Americans and Native Americans has increased recently. Profiles outlining the state of homelessness in the survey cities are appended. (FMW)

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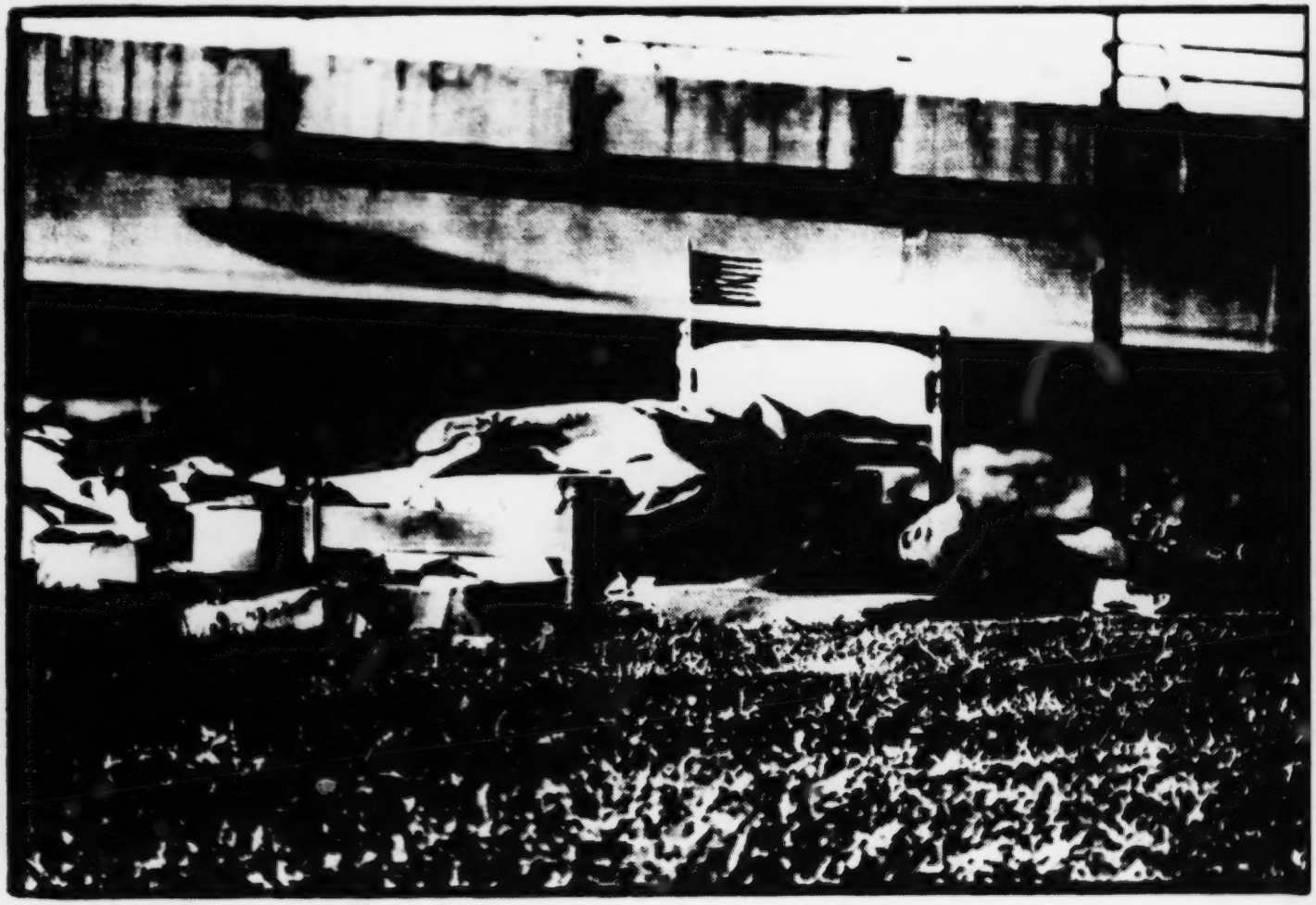
American Nightmare:

A Decade of Homelessness in the United States



National Coalition for the Homeless

December 1989

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AMERICAN NIGHTMARE:

A Decade of Homelessness in the United States

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Executive Summary

Introduction

As the decade of the 1980's ebbs into history, one of the most shameful and startling chapters of this era is the emergence of mass homelessness that now touches virtually every community across the country.

Today, upwards of 3 million Americans are homeless. Two hundred years after the U.S. Constitution was adopted, the nation struggles -- seemingly helplessly -- with homelessness during one of the most prosperous times in American history.

As it has done each year since its founding, the National Coalition for the Homeless set out this year to survey some of the dimensions of this crisis, to determine the extent of homelessness and to examine the efforts being made to address the housing needs of those who are already homeless.

The 1989 survey was undertaken during August and September in a total of 26 communities, ranging from small rural communities to big cities. Several mid-size cities were also included in the survey, as part of an overall effort to gauge the breadth of the problem. Participants were emergency shelter providers, housing advocacy organizations, and local governments. Uniformly, the survey reveals that homelessness is a growing problem across the nation. No corner of America is untouched by the problem of homelessness. In every community the shortage of affordable housing was cited as a factor in homelessness rates.

Unmet Housing Need

Virtually every community reported that its housing needs were increasing. In most urban and rural communities the waiting lists for public housing or rental assistance (known as Section 8) are often years long. Most large cities have closed their waiting list. In the city of New York, where estimates of the numbers of homeless range upwards from 70-90,000, there are reportedly 200,000 people on the waiting list for Section 8. Eligible households in Chicago would have to wait twelve years for Section 8 rental assistance. One respondent from New Orleans, when asked about the possibility of a poor family getting subsidized housing answered, "Not in this lifetime."

Small cities and rural communities also reported problems with homelessness. The region referred to as the "Greater Wenatchee Area" in Washington state, with a total population of only 45,000, reported having "big city" problems with 1,500 homeless and a loss of half of the community's SRO (Single-Room Occupancy) housing stock. Loss of residential hotels is a dilemma faced by many large cities as units are lost due to market forces or deterioration.

Belcourt, North Dakota, a reservation town commonly known as "Turtle Mountain," claimed to have a backlog in housing and reportedly has no shelter beds. As a Native American community which historically has had a shortage of affordable housing, the impact of the housing crisis of the last decade has had a

particularly harsh impact on Turtle Mountain residents.

The community of the Delmarva Peninsula, which is composed of the Eastern shore areas of Delaware, Maryland, and Virginia reported not being able to house agricultural migrant workers. These individuals have been forced to seek shelter in urban areas.

Large cities are also overwhelmed. Estimates of the number of homeless in Los Angeles, California, range from official city estimates of 34,000 to those by housing advocates who claim over 50,000 homeless. Chicago is estimated to have 40,000 people homeless yet fewer than 4,000 shelter beds.

Growing Numbers of Homeless

One alarming finding of the survey is that not only are current housing needs not being addressed, but the rate of homelessness in most cities is growing. Four (4) communities reported increases between 10-12% in the past year alone; and seven (7) communities reported increases of over 25%. In four (4) of these communities the increases reported were over 40%.

Respondents in 19 locations were able to provide data on the number of individuals and families who were turned down for emergency shelter. In Baltimore, 18,445 sought services and 17,272 were turned down during the last year. Often, children made up a large percentage of the population turned away from shelter. The city of Birmingham, Alabama, reported that twenty to twenty-five families were turned down on a daily basis. Half of these individuals were children.

Homeless Families and Children

According to information provided by survey respondents, families with children comprise a fast-growing sector of the homeless. Among the communities and cities reporting that over 35% of their homeless in 1988 were families with children were Belcourt, Chicago, Cincinnati, Fargo, Los Angeles, Miami, Missoula, Newark, New York, Roanoke, and St. Louis.

In many areas, the majority of homeless families were headed by a female single-parent. Nine (9) of the communities reported that over 75% of their family shelter population consisted of single parents and their children.

Unaccompanied youth sometimes escape attention among the ranks of the homeless. Yet, as a population group they are often the most vulnerable to the ravages of homelessness. Cities such as Chicago, Los Angeles, New Orleans, New York, and Portland reported that unaccompanied minors constitute over 25% of their homeless population.

Special Needs Populations

A large percentage of the respondent communities were able to identify special needs populations among the homeless. Out of 24 communities responding to the question, 23 were able to identify and give estimates of the percentage of their homeless population with special needs.

Seventeen (17) communities identified the mentally ill as a significant percentage of their homeless population with special

needs. Generally, estimates of the mentally ill averaged around 30% - consistent with other published findings. Substance abuse was another problem cited. Sixteen (16) communities reported the presence of substance abuse - either alcohol or drugs - in about one-third of their homeless population.

In addition to the special needs identified in the survey, it should be noted that there are often special needs which go undetected. For example, homelessness can result when an individual or a family is stricken by a catastrophic illness or by unemployment. Similarly, the growing incidence of AIDS can result in able-bodied, fully-functioning individuals becoming homeless as a direct result of the illness. These individuals often require supportive services along with affordable housing.

Homelessness Among Minority Populations

One extremely serious finding is the over-representation of minorities among the ranks of the homeless. Eleven (11) communities reported that over 50% of their homeless were members of minority groups - most commonly, African-American. Baltimore, Detroit, Newark, and Florida, all have experienced a recent increase of homelessness in the Hispanic population and in the case of Florida, Hispanic homelessness rates have doubled. Communities such as Fargo and Belcourt note that the incidence of homelessness has severely impacted the Native American population.

Conclusion

The study of 26 communities across the nation reveals that the crisis of homelessness and the shortage of affordable housing is

an extremely serious one - a crisis that is not being addressed. Despite variations in demographic patterns of homelessness, the common theme is the need for affordable housing.

Rates of homelessness are increasing across the country. Every community surveyed reports an acute need for additional shelter space as well as affordable housing. Waiting lists for subsidized housing are closed and often years long.

Homeless families, frequently with children, are turned away from shelters on a daily basis. Families with children constitute a large and growing percentage of the homeless population. Minorities are particularly affected. Special needs populations requiring additional supportive services constitute significant percentages of the homeless. These groups face a two-prong need for both social services as well as housing. More often than not, neither housing nor services is provided.

What is not qualified in the report is perhaps its most significant finding: The level of frustration among shelter providers and community representatives escalates on a daily basis as the acute suffering among the nation's homeless increases without redress. In community after community respondents have stated, "Enough is enough!"

Introduction

The Homelessness Crisis in America: The winter of 1989-1990 is approaching and it represents a disturbing reality for shelter providers and affordable housing advocates. With the 1980's drawing to a close our nation has witnessed a decade of homelessness -- a decade of national shame.

This report does not bring the good news that the estimated 3 million homeless persons in this country have regained their dignity, respect, and a place to call home. Limited progress in providing emergency aid was made, with the passage of the Stewart B. McKinney Homeless Assistance Act in 1987, but we face a brutal test of national will: we know what is causing this problem of homelessness, but will we act to solve it? Once perceived to be exclusively the plight of substance abusers, homelessness is now widely viewed as an extension of poverty in the United States, and a complex problem requiring a more comprehensive solution.

The Persistence of Poverty: Approximately 13.5% of all Americans are poor.[1] This means that some 32.5 million people in this country are living under the officially defined poverty level -- a line distinguishing the minimum income a household needs for basic subsistence.[2] Over a ten-year period, 25% of all Americans

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[1]Martin Tolchin "Minority Poverty on Rise but White Poor Decline," New York Times, 1 September 1988.

[2]Center on Budget and Policy Priorities, Poverty Remains High Despite Economic Recovery (Washington, DC: Center on Budget and Policy Priorities, 1988).

will slip into poverty at one time or another.[3] The hardest hit are children and youth under eighteen, 40% of those in poverty.[4] In 1987, 13 million children were poor.[5]

Gross inequalities in income distribution in this country have reached their greatest extreme -- for both rich and poor households -- for the entire period in which such data have been collected.[6] The wealthiest 20% of the population received the highest percentage of income ever recorded, (43%), while the poorest 40% received 15.4%, the lowest ever recorded.[7] The poverty gap -- the amount by which poor people's income fell below the poverty line -- widened, and despite general economic recovery, the poverty rate failed to drop significantly. This fact was corroborated by some 81% of urban mayors who felt that the economic recovery of the 1980's did not benefit their city's poor.[8]

Often forgotten in the face of central city deterioration, the rural poor face equally dismal economic circumstances. The

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[3]Center on Budget and Policy Priorities, Smaller Slices of the Pie: The Growing Economic Vulnerability of Poor and Moderate Income Americans (Washington, DC: Center on Budget and Policy Priorities, 1985), p. 17.

[4]Tolchin, New York Times.

[5]Children's Defense Fund (CDF), A Children's Defense Budget, FY 1988: An Analysis of Our Nation's Investment in Children (Washington, DC: Children's Defense Fund, 1988), p. xiii.

[6]Center on Budget and Policy Priorities, Poverty Remains High.

[7]Tolchin, New York Times.

[8]United States Conference of Mayors, The Continuing Growth of Hunger, Homelessness, and Poverty in America's Cities, 1987 (Washington, DC: United States Conference of Mayors, 1988), p. 21.

composition of the poor in rural areas is different from the urban poor in several respects. New data on poverty in rural locations reveal that some 16.9% of all rural Americans of all races have income levels below the poverty line.[9] This rate is almost as high as the 18.6% poverty rate in central cities.[10] Additionally, poor families in rural areas are most often headed by two-parent families, (61.1%).[11] Approximately 24.3% of the heads of households in rural poor families[12] works full-time year-round.[13]

In both urban and rural locales, persons of color are disproportionately represented among the ranks of the poor. Three-fourths of the nation's rural African-American households are located in the South, as is 50% of the nation's poverty, and the majority of its subsistence farmers.[14] The 1987 poverty rate for white Americans was 10.5%, representing a very slight drop from the previous 11% rate.[15] But the rate was 33.1% for African-Americans, and 28.2% for Hispanics, and both African-American and Hispanic

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[9]Kathryn Porter, Poverty in Rural America: A National Overview (Washington, DC: Center on Budget and Policy Priorities, 1989), p. 3.

[10]Ibid., p. 3.

[11]Ibid., p. 14.

[12] References families where the head of household is not retired, ill, or disabled.

[13]Ibid., p. 15.

[14]Housing Assistance Council, Losing Ground: Public Policy and the Displacement of Rural Black-Owned Homesteads (Washington, DC: Housing Assistance Council, 1984), p. 1.

[15]Center on Budget and Policy Priorities, Poverty Remains High.

poverty rates have been increasing.[16] Rates are especially high for African-American and Hispanic children: 50% of all African-American children under age six is poor.[17] The rate of poverty for elderly African-Americans over the age of sixty-five is the same as it was in 1978: 33.9%.[18] An increasing number of African-Americans now have incomes below 50% of the poverty line, which in 1987 stood at $4,528 for a family of three. Some 4.3 million African-Americans were below 50% of this line in 1987, whereas fewer than 2.6 million were in 1978. This represents a 69% increase in nine years, with children accounting for 50% of this population.[19]

The Critical Shortage of Affordable Housing: Coupled with the persistence of poverty in the U.S. is the depleted supply of affordable housing in the nation. This shortage has forced many households to pay disproportionate amounts of their already limited incomes for shelter. It is currently estimated that one out of every seven homeowners is more than 30 days past due on their mortgage -- literally tottering on the brink of homelessness. Nearly 33% of all poor homeowners spent 70% or more of their

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[16]Tolchin, New York Times.

[17]Center of Budget and Policy Priorities, Still Far From the Dream: Recent Developments in Black Income, Employment and Poverty (Washington, DC: Center on Budget and Policy Priorities, 1988), p. v.

[18]Ibid., p. 5.

[19]Ibid., p. 10.

incomes for housing in 1985.[20] Most poor households in the U.S., however, are overwhelmingly tied to the renter market, where rents are substantially higher than most can afford to pay. Corresponding figures for poor renter households, reveal that 45% of all poor renter households paid at least 70% of their incomes for rent.[21]

The influence such income problems have on the search for housing is devastating, for it the critical shortage of affordable housing that makes the difference between chronic hardship and outright homelessness. Survey work conducted on the depleting supply of very low-income rental units put the 1983 shortfall of dwelling units available at $250 or less per month at 3 million units and rapidly growing.[22] The Low Income Housing Information Service (LIHIS) estimates that there are about twice as many very low-income families seeking housing as there are available affordable units, with the number of very low-income renter households exceeding the number of units by a national average of

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[20]Center for Budget and Policy Priorities and the Low Income Housing Information Service, A Place to Call Home: The Crisis in Housing for the Poor (Washington, DC: Center for Budget and Policy Priorities and the Low Income Housing Information Service, 1989), p. xii.

[21]Center for Budget and Policy Priorities, A Place to Call Home, p. xi.

[22]Philip L. Clay, At Risk of Loss: The Endangered Future of Low-Income Rental Housing Resources (Washington, DC: Neighborhood Reinvestment Corporation, 1987), p. 4.

93.7%.[23] Census data from surveys conducted in 1985, (the last year new housing statistical information was obtained), show that the average income of the poorest fifth of all American families rose 11% from 1985 to 1987, but residential costs increased 10.1% during that same time.

Especially hard hit by the crisis in affordable housing are African-American and Hispanic households. In 1985, it was estimated that 27% of white households had housing costs exceeding 30% of their incomes. Comparable statistics for African-American and Hispanic households were 42%.[24] African-American and Hispanic households are more likely to live in overcrowded or substandard housing than their white counterparts. Although African-American and Hispanic households constitute only 17% of the nation, they live in 42% of the nation's substandard housing stock.[25]

Conclusions: The ranks of the homeless increasingly include the working poor, as housing costs exceed the reach of those earning minimum wage. Frequently cited in tandem, low wages and rising housing costs are often blamed for the persistence of homelessness in American society.[26] The minimum wage has only recently changed,

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[23]Isaac Shapiro and Robert Greenstein, Holes in the Safety Net: Poverty Programs and Policies in the States -- National Overview (Washington, DC: Center on Budget and Policy Priorities), p. 48.

[24]Center for Budget and Policy Priorities, A Place to Call Home, p. xx.

[25]Center on Budget and Policy Priorities, A Place to Call Home, p. xxi.

[26]Conference of Mayors, Growth of Hunger, p. 58.

(the first increase since 1981), while inflation has increased by 31%. In 1979, 6.5 million working people fell below the poverty line, but this figure increased by 36% to 1986, to a total of 8.9 million people.[27] More than 75% of the new jobs in the economy in the past decade have been minimum-wage jobs.[28] When coupled with the rising costs of housing, it is not difficult to see why many shelters are populated with workers who have nowhere else to live. Estimates of the working homeless average 22% in many areas,[29] and range as high as 83% in some areas.[30]

The problem of homelessness in the U.S. will continue to accelerate unless every effort is made to restore the nation's supply of affordable housing -- particularly for the poorest American households. Equally as important, is the need to increase household income levels, as wages and benefits have constantly fallen short of rising housing costs. These two factors alone will move us closer to ending homelessness, but they will not solve the problem all together. Additional progress must be made in creating rehabilitation programs for substance abusers and providing supportive housing options for the differently-abled, including those persons with AIDS.

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[27]CDF, Children's Defense Budget, p. 83.

[28]Ibid., p. 87.

[29]Conference of Mayors, Growth of Hunger, p. 22.

[30]Mary Jordan, "In '87, 83% in N. Va. Shelters Were Employed, Study Says," Washington Post, 19 August 1988.

A comprehensive approach to solving homelessness is the only way to solve the current American nightmare. This report chronicles the problem of homelessness in 26 U.S. communities -- urban and rural -- in an effort to show the existence of the problem in all facets of American society. The outlook for 1990 is grim, as many report that this past summer brought unprecedented increases in the number of requests for emergency shelter.

Site Selection and Methodology: This report has attempted to incorporate new issues influencing the increased ranks of America's homeless population, including race and ethnicity. Other factors considered were the availability of public housing in the communities as well as the extent of emergency service provisions. The selection of the communities to be studied was undertaken with the goal of broadening the framework for understanding the complexity of needs of the nation's homeless. Most of the material contained in this report was obtained through telephone surveys. This report attempts to quantify and define the growth in the homeless population in those specific U.S. communities, as well as to examine possible solutions in those same areas.

Meeting the Housing Needs of Homeless People With AIDS

Introduction: Service providers, public officials, and advocates across the country state that the lack of decent, appropriate housing is a critical problem facing the growing numbers of persons in their communities who are living with Acquired Immune Deficiency Syndrome ("AIDS") and other illnesses caused by the Human Immunodeficiency Virus ("HIV").

The AIDS Project of the National Coalition has recently completed a survey of over 20 cities and rural areas to assess the current and projected need for housing and related support services for homeless people with HIV-related illnesses, and to look at model public and private programs created to meet the special needs of homeless men, women, children and families living with AIDS.

A report on the final results of the survey will be issued in late 1989, but preliminary findings indicate that, in all parts of the country, available housing and services fall woefully short of the need for appropriate residential care for the thousands of persons who have been made homeless by HIV-related illnesses or whose struggle to survive on the streets has been further worsened by AIDS.

Like other chronically ill persons who are poor, people with HIV-related illness are at a particular disadvantage in the ever-worsening competition for affordable housing. Episodic and increasingly debilitating by nature, HIV-related illness often causes homelessness, as fatigue, repeated illness and periodic

hospitalizations result first in the loss of employment and then in a loss of housing.

This downward spiral to homelessness is exacerbated by the federal requirements that persons with AIDS "spend down" their assets to the poverty level, if they are to qualify for financial assistance to obtain expensive life-prolonging medications and treatments such as AZT. Survey respondents also cited the low level of Social Security disability benefits or local income maintenance (typically less than $600 per month for persons unable to work due to HIV-related illness), as a significant factor in the increase in homelessness. Such a monthly income is insufficient to pay rent alone in most communities, much less to meet other needs.

Moreover, AIDS strikes disproportionately at persons already at the edge economically, and at persons who are targets of pre-existing discrimination in housing and the delivery of medical care and other services. In particular, AIDS has hit hardest persons of color, members of the gay community, IV drug users and homeless youth.

Among persons who are already homeless, there has been a shortage of effective education throughout the country. Even where education takes place, few homeless persons are able to secure the means to stop engaging in high-risk behavior. This has led to tragic, predictable, and dramatic increases in HIV seropositivity among persons who are homeless or likely to become homeless. Among this group are IV drug users who are unable to obtain ready access

to addiction treatment in most parts of the country, and homeless youth who often must rely on street sex for survival.

Homelessness and AIDS have become powerful co-factors -- it is inevitable that the weak will lose in the competition for scarce resources, whether they are homeless persons in need of preventive health care or people with AIDS who are in need of housing.

HIV operates to destroy essential elements of the immune system, leaving the seropositive person increasingly vulnerable to infectious disease. Impairment of the immune system places HIV seropositive persons at significant health risk long before serious illness manifests itself. The majority of persons whose immune systems are impaired by HIV can live independently, but require safe housing which protects them from exposure to infectious disease, enables them to get adequate rest and meet special nutritional needs, and provides for access to support services and home help when necessary. Yet, as one expert has explained, "the most significant unmet need for many persons with HIV-associated illness is a place to live."[31]

Homeless persons with HIV-related illness languish in hospital beds simply because they have no place to go. Others are "dumped" from hospitals onto the streets, or into congregate shelters where infectious disease is rampant. In these settings, discrimination

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[31]Address by Bruce C. Vladeck, President, United Hospital Fund of New York, to the Conference on the AIDS Patient and the Health Professional, Cornell University Medical College, Fifth Conference on Health Policy, 22-23 February 1989.

and even violence towards persons who are HIV seropositive is common. In fact, many shelters around the country exclude HIV seropositive persons, despite the fact that there is no evidence of transmission of HIV through casual contact. In Birmingham, Alabama, for example, some people with AIDS -- who are unable to obtain shelter because their illness is known -- are living in abandoned railroad cars. In New York, hundreds of people with AIDS live in subway stations and tunnels. The hardship and risks of life under such conditions take an irreparable toll on all homeless persons. For those who are HIV-ill, the repeated secondary infections and the stress inherent in life on the streets or in disease-ridden shelters are life-threatening.

Access to housing is most limited for active and former substance abusers, the fastest-growing group of HIV seropositive persons, since they are explicitly excluded from most federal and local housing programs. This creates a tragic irony for drug addicted persons who face long waiting periods for treatment which is simply not available for most who request it throughout the country.

A National Problem: As of July 1, 1989, 102,620 Americans had been diagnosed with AIDS; more than 50% of these persons -- 59,390 -- have died.[32] The Centers for Disease Control estimate that 1 - 1.5 million Americans are infected with HIV (the virus that causes AIDS), and predicts that almost 500,000 will have died or

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[32]Jay Mallin, "AIDS' Impact on State Coffers Varies," The Washington Times, 31 August 1989, p. A4.

progressed to later stages of the disease by 1992.[33] No one knows the actual number of homeless or near-homeless persons with AIDS, although identified populations exist in cities as diverse as Birmingham, Chicago, Nashville, Phoenix, Denver, and Dallas. What we do know is that significant numbers of those persons who are already ill, together with many thousands more of those who will progress to serious illness in the years to come, will require safe, decent housing and related services -- housing and services that do not now exist.

In New York City alone, it is conservatively estimated that there are at least 10,000 persons with HIV-related illness who are now without homes, as experts cite a 20-30% seropositivity rate among the city's 70-90,000 homeless persons.[34] A recent report by Covenant House, the only shelter in New York for homeless youth, suggests that 6.5% of homeless youth aged sixteen to twenty are HIV seropositive, and that the seropositivity rate has reached 17% among youth who are twenty years old.[35] Yet, despite repeated calls for appropriate housing, some ten years into the epidemic, the City of New York has created only 44 supportive housing beds, 42 long-

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[33]Presidential Commission on the Human Immunodeficiency Virus Epidemic Report. (Washington, D.C: U.S. Government Printing Office, 1988), p. XVII.

[34]Aran Ron, M.D. and David Rogers, M.D., "AIDS in the United States: Patient Care and Politics," Daedalus, Journal of the American Academy of Arts and Sciences, Vol. 118, No. 2, Spring 1989.

[35]"On the Sad Trail of Street Youths, Drugs and AIDS," New York Times, 1 August 1989.

term care hospital beds, and 180 units of scattered site housing (of which less than 50 are currently operational).[36] The City of New York has made no plans for housing homeless youth with AIDS.[37]

New York City is indeed the epicenter of the twin epidemics of homelessness and AIDS. But these problems are by no means confined to urban areas, or to any particular part of the country.

In Delaware, it is anticipated that as many as 30% of the 5,000 people known to be HIV seropositive will require housing assistance in the next few years.[38] A private group is currently providing the only available housing for people with AIDS; they are able to meet only about 50% of the current need. After a two and a half year struggle against community opposition, that group has finally opened one supportive residence for people with AIDS, while state and municipal government still have no plans to provide appropriate housing.[39] One advocate reports that, in the Delmarva Peninsula, most homeless persons with HIV-related illness struggle to survive in emergency shelters where they face discrimination, are not allowed to remain inside during the day, and must leave after their stay exceeds the typical 30-60 day limit. He observed,

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[36]Data aggregated from the New York City Department of Health, Task Force on AIDS Report 1989.

[37]Ibid.

[38]Carl Mazza, Meeting Ground, correspondence, 13 March 1989.

[39]Tim Gibbs, Delaware Lesbian and Gay Health Advocates, telephone interview, 28 July 1989.

"Service to persons with AIDS who are homeless is the great need among the homeless least adequately met."[40]

In Richmond, Virginia, persons tested at STD clinics have been found to have a 3% HIV seropositivity rate, while a clinic for homeless persons has found a 12% seropositivity rate among those it serves.[41] Currently there are only 3 units of designated housing for homeless persons with AIDS, provided by a private, non-profit group.[42] A July 1989 report, issued by a task force led by the United Way and the American Red Cross, lists housing among the most serious unmet needs in the community and calls for housing assistance, home health care and support services, and development of appropriate non-medical residential care facilities for adults, adolescents and children with HIV-illness.[43]

The situation for homeless persons with HIV-related illness in Dallas was described as "bleak" both by those who work with persons with AIDS and those who work with the homeless.[44] Shelters are the only option for most homeless persons with AIDS in Dallas,

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[40]Mazza, correspondence, 13 March 1989.

[41]Michael Holland, Virginia Department of Health, telephone interview, 14 August 1989.

[42]Sue Capers, Virginia Coalition for the Homeless, correspondence, May 1989.

[43]Information aggregated from the Greater Richmond AIDS Impact Task Force Report, July 1989.

[44]Warren Buckingham, III, Executive Director, AIDS Arms Network, telephone interview, 18 August 1989; Claudia Byrnes, Dallas Association Serving the Homeless, telephone interview, 18 August 1989.

and while some shelters will knowingly accept persons with HIV-related illness, others will not, so that in many cases, a person's illness must be concealed in order to get a bed for the night.[45] An advocate for the homeless reports that the problem of HIV-related illness among the 10,000 to 14,000 homeless persons in Dallas County is still in the early stages of recognition,[46] while a group that provides services to people with AIDS is seeing an increasing number of homeless persons seeking assistance, and describes appropriate housing as "if not the most difficult, then the most chronic problem faced with every client served."[47] It is estimated that there will be at least 1500 to 1700 new cases of AIDS diagnosed in Dallas in 1990, and that 20% of these persons will be homeless or will become homeless as a result of their illness.[48]

A recent University of Illinois study indicates that over 33% of homeless IV drug users in Chicago are HIV seropositive. That study found that some 25% of a sample of the city's estimated 50-70,000 IV drug users described themselves as homeless.[49] One group that provide advocacy and referrals for indigent people with AIDS receives 15 to 20 new referrals a month, and reports that it is

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[45]Buckingham, 18 August 1989.

[46]Byrnes, 18 August 1989.

[47]Buckingham, 18 August 1989.

[48]Ibid.

[49]Wendall Johnson, University of Illinois AIDS Outreach Interaction Project, telephone interview, 21 September 1989.

impossible "to provide the necessary and proper services for homeless people with AIDS" with existing resources in that city.[50] Such housing as is available is provided by private groups with only limited government support, and no residential care facility exists for persons in need of supportive housing but not hospitalization. For groups that provides case management services to people with HIV-related illness, appropriate housing is an "acute need," which is becoming much worse, and the problem of securing housing is one of the most difficult issues faced in case management.[51]

Even San Francisco, which has made perhaps the most ambitious and comprehensive effort to house persons with AIDS, is not meeting current need. San Francisco has just over 100 beds in programs for homeless people with HIV illness, but the city itself acknowledges that there are at least an additional 300 people with AIDS and other HIV-related illness in need of supported housing, and that, given the pace of the epidemic, that number will increase dramatically.[52] Advocates estimate that there are currently 700 persons with HIV-related illness in the barrack shelters or on the

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[50]Chester Lyles, Director of AIDS Services, Travellers and Immigrants AID, telephone interview, 26 July 1989.

[51]Jim Lawler, Director of Social Services, Howard Brown Memorial Clinic, telephone interview, 24 August 1989.

[52]Office of the Mayor, Beyond Shelter: A Homeless Plan for San Francisco, Statement of Need (San Francisco: Office of the Mayor, August 1989).

streets in San Francisco, and report that "while the city has made a good faith effort, there is much to be done."[53]

The Need for Commitment: Excellent models do exist for housing persons with HIV-related illness appropriately and cost-effectively. Cities such as San Francisco and Seattle have established systems in which the public sector and private non-profit groups work together to provide rental assistance, housing referrals, and supportive housing for persons at all points along the continuum of HIV-related illness. In other areas, private groups have stepped in to create supportive living arrangements for people with AIDS. For example, Stephen Swain House, an 8-unit group home providing housing, meals and other services to homeless persons with AIDS in Delaware, was opened this summer by the People With AIDS Settlement Project, an initiative of Delaware Lesbian and Gay Health Advocates, a non-profit group. Model programs for group and independent living have been operated under contract with New York City by the AIDS Resource Center, a non-profit group, for five years. Supportive housing is provided by ARC for $68 to $100 a day, compared with $800 per day for an acute care hospital bed or $600 or more for nursing home care.

We know how to house persons with AIDS -- what is lacking is the commitment. An across-the-board increase in funding to meet the housing and service needs of all persons with disabilities is essential. Beyond that, we must develop resources specifically

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[53]Michael Lee, San Francisco AIDS Foundation, telephone interview, 25 August 1989.

directed to meeting the challenge of appropriately housing the growing numbers of homeless persons with AIDS. State and local governments must of course assume their part of the burden, but housing cannot be developed without federal assistance.

There was unanimous agreement among those interviewed in the course of the National Coalition survey on housing and AIDS that a federal funding stream to keep persons with AIDS in existing housing and to encourage development of non-medical residential care facilities is essential. While discrimination and community resistance have been a problem in siting housing for people with AIDS, lack of funding was the most significant barrier cited. Federal monies directed to the AIDS crisis to date have been almost exclusively earmarked for education and prevention. Further complicating the problem of funding streams is HUD's position that AIDS is not a disability. PWA's are thereby excluded from programs to develop housing for handicapped persons under Section 202 initiatives.

Recent developments in treatment make it possible to extend the length and improve the quality of life for people with HIV-related illness. Yet, for the thousands of persons without the basic necessities of safe housing, food and access to medical care, these developments are meaningless or cruelly ironic. Education, prevention, and research are essential components in the nation's fight against AIDS, but it is equally important to care humanely for those who are least able to care for themselves.

Baltimore, Maryland

Population Characteristics: According to data from the Maryland Department of Human Resources, 18,450 people sought services in Baltimore over a year, and 17,300 were turned away.[54] From 1987 to 1988, the statewide homeless family population increased 65%.[55] While specific figures for Baltimore are not available, advocates state that the number of family turnaways in the city has risen in the last year.[56]

Roughly 15% of Baltimore's homeless who sought services in 1988 were under 17 years of age. About one-third were 18-30 years old; an additional 46% were 31-59 years old. Approximately 7% were over 60 years old.[57] Homeless families make up 17% of the homeless population, but the majority is single adults.[58] A third of Baltimore's homeless are mentally ill, the same proportion are employed.[59]

Almost 75% of the homeless are persons of color in Baltimore. African-Americans make up 70% of the homeless population.[60]

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[54]Summary of Data, FY88 Homeless Survey, Department of Human Resources, State of Maryland, January 1989, p. 1.

[55]Ann Sherrill, Action for the Homeless, telephone interview, 24 August 1989.

[56]Ibid.

[57]Summary of Data, p. 2.

[58]Carol Melvin, Women's Housing Coalition, telephone interview 22 August 1989. Summary of Data, p. 1.

[59]Melvin, 22 August 1989.

[60]Summary of Data, p. 1.

Almost all of Baltimore's homeless families are headed by a single parent, usually a woman.[61] One shelter provider pointed out that Baltimore ranks first in the nation for teenage pregnancy.[62] The number of families seeking shelter usually increases in the summer months.[63]

Characteristics of Facilities: In 1988, there were 830 emergency beds and 290 transitional beds in Baltimore, according to the state.[64] Advocates believe that the number has increased, but only by a very small percentage.[65] Turnaways continue to demonstrate the unmet need for shelter assistance in Baltimore: in July alone, shelters turned away 2500 people; 500 of these people were children.[66]

There are more beds available in the cold months than in the summer, and the city government has committed to keep them open year round in the future.[67]

Causes of Homelessness: The shortage of affordable housing is the main cause of homelessness in Baltimore. Inextricably intertwined with the issue of affordability is the issue of income, and

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[61]Sherrill, 24 August 1989.

[62]Melvin, 22 August 1989.

[63]Sherrill, 24 August 1989.

[64]Summary of Data, p. 1.

[65]Melvin, 22 August 1989.

[66]Sherrill, 24 August 1989.

[67]Melvin, 24 August 1989.

advocates cite the inadequacy of wage and benefit levels to support housing costs as another primary cause of homelessness for Baltimore residents.[68]

Given these problems, and no evidence of programmatic progress toward solutions, advocates and shelter providers believe that the increase in the population will continue through 1990.[69]

The Critically Needy: There is general consensus in Baltimore that the growing ranks of substance abusers are in great need of assistance.[70] Long waiting lists, as well as restrictive zoning laws that cause difficulties in securing program sites, have resulted in a paucity of services.[71]

Single women, both with and without children, need affordable housing, special job training programs that concentrate on self-esteem, and, where appropriate, daycare to enable them to become independent.[72]

Public Housing Availability: There are 40,730 people in 18,170 public housing units in Baltimore. About 5,500 of them are in elderly units.[73] As of June 30, 1989, the vacancy rate stood at 2% -- 1340 units -- which includes 980 units being renovated or

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[68]Sherrill, 24 August 1989.

[69]Sherrill, 24 August 1989; Melvin, 22 August 1989.

[70]Ibid.

[71]Melvin, 22 August 1989.

[72]Ibid.

[73]Sarah Buykema, Department of Research and Analysis, Baltimore Housing Authority, telephone interview, 14 August 1989.

rehabilitated.[74] Another 13,520 people receive assistance through the Section 8 program.[75]

Applications for assistance from the Baltimore Housing Authority have remained constant over the last year. As of June 30, 1989, there were 29,330 applications on the waiting list for public housing.[76] Waiting lists for family and elderly housing remain open. Families must wait 2-8 years to receive public housing assistance.[77]

Housing authority officials estimate that 30% of eligible low-income households in Baltimore receive public housing or Section 8 assistance. Approximately 130,000 low-income people who do not receive housing assistance are considered to be at danger of becoming homeless by the city.[78]

Possible Solutions: Advocates for the homeless state that decent, affordable housing for the poor is the first necessary step toward ending homelessness in Baltimore.[79] Increases in both the SRO and family housing stocks are needed.

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[74]Reba Anderson Graham, Department of Applications, Baltimore Housing Authority, telephone interview, 14 August 1989; Buykema, 14 August 1989.

[75]Buykema, 14 August 1989.

[76]In March, 1989, the figure was 30,909; in June, 1988, the figure was 29,609. Buykema, 14 August 1989.

[77]Graham, 14 August 1989.

[78]Ibid.

[79]Melvin, 14 August 1989.

Recently the St. Ambrose Housing Aid Center has worked with the city Department of Housing and Community Development and the Women's Housing Coalition to provide 13 units of SRO housing for single people. The city donated $150,000 to the project for permanent acquisition of two SRO buildings.[80] Such a project could be replicated at relatively low cost and would begin to provide much-needed housing and services to Baltimore's homeless population.

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[80] WHC Newsletter, Newsletter of the Women's Housing Coalition, (Spring/Summer 1988), p. 3.

Belcourt, North Dakota

Population Characteristics: Belcourt is a reservation town. Commonly called Turtle Mountain, it encompasses a 6 mile by 12 mile piece of land, home for approximately 25,000 members of the Chippewa nation. It is estimated that some 16-17,000 Chippewa actually live on the reservation at this time. Of this population, it is estimated 750-1,200 persons are homeless in Belcourt.[81] Real numbers are hard to pin down, as doubling- and tripling-up are common phenomena in the community. Since 1986, there has been a 40% increase in the population of Belcourt, primarily from people returning to the reservation. Requests for emergency shelter have increased 20%, with requests by families with children increasing 10%.[82]

Approximately 60% of the homeless are families with children, with single men (15%), and single women, (25%) making up the balance of the population. Unaccompanied youth under the age of 18 among the homeless are virtually non-existent.[83] Plagued by the problems of substance abuse (60-70%), and severe mental illness (28-30%), the homeless of Belcourt are in dire need of assistance. Unemployment runs high, with only 10% of the homeless being employed. Veterans make up 5% of this sub-population.[84]

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[81]Thomas Davis, Tribal Planner, Turtle Mountain Reservation, telephone interview, 15 September 1989.

[82]Ibid.

[83]Ibid.

[84]Ibid.

Homelessness in Belcourt increases during the summer, as most abandon the reservation due to the severe winters.[85]

Characteristics of Facilities: There are no shelters in Belcourt. For all on the reservation, over-crowded, substandard housing is way of life. Service providers note that, if they received the necessary financial assistance, they could house up to 30 persons in a vacant building that would require major rehabilitation work.[86]

The Critically Needy: The total homeless population in Belcourt is in need. Service providers cite a shortage of emergency shelter facilities, social services, rehabilitation programs and employment opportunities for families with children, singles, and those with a history of substance abuse. Tribal Planner Tom Davis stated: "We have basic survival needs."[87]

Causes of Homelessness:

> The roots of homeless in Belcourt are historical. There were never enough homes on the reservation to begin with. This is due to total neglect by the federal government.[88]

Service providers expect homeless persons to increase in 1990.

Public Housing Availability: There are 1,300 conventional units maintained by the Turtle Mountain Housing Authority.[89] Of these units,

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[85]Davis, 15 September 1989.

[86]Ibid.

[87]Ibid.

[88]Ibid.

[89]Paul McCloud, Turtle Mountain Housing Authority, telephone interview, 15 September 1989.

90 are for elderly persons. Half of these units are rental, and half carry the possibility of homeownership. Housing authority officials estimate that 30-40% of the units contain doubled-up residents.[90] Approximately 15-20 units are vacant due to deterioration and cannot be filled until repairs are made. Requests for public housing increased 20% over the last year.[91]

The housing authority is still accepting applications, despite having a "couple of hundred families" on the waiting list.[92] The larger the units, the longer the wait, averaging 8-12 months a year from the time of application. It is estimated that the housing authority services a maximum of 50% of the eligible population of low-income families and individuals.[93]

Possible Solutions: Service providers on the reservation call for a "new agency" to deal with the tribes and their problems.[94] Additionally, supportive services and job training programs must be put in place. The creation of SRO's and shared units would help alleviate over-crowding. Other than 5 "bachelor apartments there are no SRO's in Belcourt.[95]

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[90]McCloud, 15 September 1989.

[91]Ibid.

[92]Ibid.

[93]Ibid.

[94]Davis, 15 September 1989.

[95]Ibid.

Birmingham, Alabama

Population Characteristics: About 1,000 people are estimated to be homeless at any given time in Birmingham.[96] While men still make up the majority of those homeless in Birmingham, the number of families and children appears to be increasing. Judging from patient contacts, the city's Health Care for the Homeless project has found that approximately 21% of those it serves are families.[97] Most homeless families in Birmingham are headed by single parents.[98]

Local advocates estimate than no more than 30% of the city's homeless are mentally ill; another 30% are substance abusers.[99] Approximately half (54%) of Birmingham's homeless are people of color, most of whom are African-American.[100]

The number of requests for emergency shelter has increased during the last year;[101] Birmingham shelters are almost always full. Requests for shelter increase in summer.[102] One shelter provider reported that, while last year only 50 families applied

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[96]Lydia Wooten, Bread and Roses Shelter, telephone interview, 6 September 1989.

[97]Amy Grant, Birmingham Health Care for the Homeless, telephone interview, 23 August 1989.

[98]Ibid.

[99]Joanna Ware, Greater Birmingham Services for the Homeless, telephone interview, 14 August 1989.

[100]Grant, 23 August 1989.

[101]Wooten, 6 September 1989.

[102]Ware, 14 August 1989.

for assistance from her shelter monthly, the summer of 1989 had brought more than 200 people each month in need of shelter.[103]

Characteristics of Facilities: Approximately 600 shelter beds are available in Birmingham.[104] The number of emergency beds has not changed over the last year.[105] While there are shelters that only serve homeless families, only one will allow intact families to stay together.[106] Eight HUD homes were recently made available for use as transitional housing; most will be for families.[107]

It is difficult to determine how many people are turned away from Birmingham shelters each day. One shelter provider estimated that 20-25 families alone are turned away from city shelters.[108] Half of those turned away are children.

Causes of Homelessness: Advocates state that the shortage of affordable housing is a major cause of homelessness in Birmingham.[109] Underemployment, coupled with insufficient wages and benefits, contribute to the growing crisis.[110]

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[103]Wooten, 6 September 1989.

[104]Pat Hoban-Moore, Birmingham Public Housing Authority, telephone interview, 24 August 1989.

[105]Ware, 14 August 1989.

[106]Ibid.

[107]Hoban-Moore, 24 August 1989.

[108]Wooten, 6 September 1989.

[109]Grant, 23 August 1989.

[110]Ware, 14 August 1989.

The Critically Needy: Of Birmingham's homeless population, families and substance abusers are particularly in need of assistance. Families need more emergency shelter beds, transitional housing, social services, and day care.[111] Welfare income for a mother with one child currently totals $88 per month, a sum that does not cover housing costs.[112] Substance abusers need free treatment. Currently, there are only 6 drug rehabilitation beds in Jefferson County -- including those in Birmingham.[113]

Single men are especially in need of housing and related services. Only one Birmingham shelter waives the requirement that clients participate in religious services in order to receive assistance.[114] Equally as dismal, the supply of Single Room Occupancy (SRO) buildings has been depleted, leaving only one remaining building of this type in the city. Shelter clients have no way of acquiring permanent housing; they remain in emergency shelters, simply because there are no transitional facilities.[115]

Public Housing Availability: There are 6,840 units of public housing in Birmingham, 230 of which house elderly people.[116] The vacancy rate -- usually between 1.0 - 2.5% -- represents normal

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[111]Grant, 23 August 1989.

[112]Hoban-Moore, 24 August 1989.

[113]Ibid.

[114]Ibid.

[115]Ibid.

[116]Ibid.

turnover in units due to nonpayment of rent (eviction) and voluntary relocation.[117]

The need for public housing is increasing, with more and more people requesting assistance.[118] But waiting lists are long. When the city opened its Section 8 waiting list for the first time in two years, it received 300 applications each day.[119] Currently, 4,700 applicants are on the Section 8 list. Families must wait for two years for public housing units; an average of 4,000 people wait at any time.[120]

Possible Solutions: "Housing is critical," says Lydia Wooten of the Bread and Roses shelter. "You can't do anything without housing."[121] But there is little indication that the housing situation is being addressed. Housing waiting lists are long, and while there is talk of developing an SRO, nothing has yet materialized. In fact, Birmingham's SRO stock continues to be leveled in the downtown area. "SROs have become parking lots," says Amy Gates of the Health Care Project.[122]

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[117]Hoban-Moore, 24 August 1989.

[118]Jimmy Lacy, Associate Director of Housing Operations, Birmingham Housing Authority, telephone interview, 18 August 1989.

[119]Hoban-Moore, 24 August 1989.

[120]Comprehensive Homeless Assistance Plan Jefferson County, Alabama, February 13, 1989, p. 10.

[121]Wooten, 6 September 1989.

[122]Gates, 23 August 1989.

Currently the City of Birmingham does not contribute to the cost of providing shelter and services to the homeless. Rehabilitation costs for the previously mentioned HUD transitional houses totaled $28,000; the costs came out of the city's federal Community Development Block Grant (CDBG).[123] Transitional services, such as day care and transportation to employment sites, are also needed.

[123]Hoban-Moore, 24 August 1989.

Chicago, Illinois

Population Characteristics: Approximately 40,000 persons are homeless in Chicago.[124] Requests for emergency shelter by homeless families and individuals have remained stable.[125] It is estimated that families account for 40% of the population, with single men (20%), and single women (20%) making up the balance of the homeless in Chicago.[126] It would seem from these statistics that unaccompanied youth makeup the remaining 20% of the homeless population, but these figures are in dispute. The Chicago Youth Committee estimates that there are 10,000 homeless children under age twenty-one, 4,000 of whom are under the age of eighteen.[127]

Within the homeless population in Chicago, it is estimated that 50% of the single men are veterans; half of these are Vietnam-era veterans.[128] Severely mentally ill persons constitute 20-40% of total homeless population; 10-30% have some history of substance abuse; and approximately 20% are employed full- or part-time.[129]

The racial make-up of Chicago's homeless is diverse: African-Americans are disproportionately represented at 65%, 10% are Spanish-speaking, and 25% are white. A new finding shows that 25%

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[124]Michael Marubio, Chicago Coalition for the Homeless, telephone interview, 10 August 1989.

[125]Ibid.

[126]Ibid.

[127]Ibid.

[128]Ibid.

[129]Ibid.

of the white men are of Polish descent.[130] No hard data are available on the percentage of single-parent families and the number of children per family. The homeless population appears to be constant; population estimates are not subject to seasonal changes.[131]

Characteristics of Facilities: The number of emergency shelter beds remained constant over the last year.[132] These beds will triple in FY90, due to two successful tax increase campaigns.[133] Transitional beds remained constant at 1,100, primarily for women and children. The total number of beds available to homeless individuals in Chicago is 2,800.[134]

The Critically Needy: The homeless persons most critically in need of services in Chicago are youth, intact families, and single men.[135] Turnaways have been high in Chicago because it is currently

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[130]Data on race was aggregated by the Chicago Coalition for the Homeless from Michael R. Sosin, Paul Colson, and Susan Grossman, Homelessness in Chicago: Poverty and Pathology, Social Institutions and Social Change (Chicago: Chicago Community Trust, 1988).

[131]Marubio, 10 August 1989.

[132]Ibid.

[133]Doug Dobmeyer, Public Welfare Coalition, 11 August 1989. It is estimated that the revenue generated on the 1 cent increase on cigarettes alone will generate $2 million.

[134]Marubio, 10 August 1989. Of the 54 shelters in Chicago, 300 additional beds are added in warming centers in the winter.

[135]Ibid.

illegal to shelter homeless youth.[136] June 1989 brought some of the highest numbers of homeless families: 3,300 were turned away, twice as many as last year.[137] There is no transitional housing for homeless men.[138]

Causes of Homelessness: The main cause of homelessness in Chicago is a shortage of affordable housing. Supportive housing for substance abusers and the mentally ill needs to be a high priority.[139] The devastating increase in the number of families requesting shelter in summer 1989 has led shelter providers to concur that Chicago's homeless problem will escalate, rather than diminish, in 1990.

Public Housing Availability: The Chicago Housing Authority maintains 40,840 conventional units, made up of 30,890 family and 9,980 elderly units.[140] Additionally, the housing authority maintains 8,320 Section 8 vouchers and certificates.[141] There are

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[136]Dobmeyer, 11 August 1989. This regulation will change in 1991, but right now there are no emergency facilities exclusively for homeless youth.

[137]Turnaway estimates for families drawn from the census figures of the 19 family shelters in Chicago, collected by the Chicago Coalition for the Homeless.

[138]Marubio, 10 September 1989.

[139]Ibid.

[140]Joan Stockwall, Dept. of External Affairs, Chicago Housing Authority, telephone interview, 10 August 1989.

[141]Ibid.

6,530 vacancies within this housing stock.[142] Public housing authority officials cited two main causes of unit vacancies: dilapidated units that are awaiting funds for rehabilitation,[143] and evictions.[144] During the last year, requests for public housing remained stable.

The waiting list time for an individual or family requesting assisted housing varies according to the size of the unit.[145] High-rise units average a 2 month wait; a request for a single-family home cannot be honored for years.[146] Due to an abundance of 1-bedroom units remaining vacant (1,200 units), HUD has amended the City Housing Authority admittance criteria to accommodate single homeless persons. These vacancies in no way alleviate the need of the 30,000 families on the waiting list and homeless advocates welcomed this initiative to help provide housing for needy singles.[147] The city has stopped taking applications at this time, due to the estimated waiting time for a Section 8 unit -- twelve years.[148] Housing authority officials stated that a consulting team

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[142]Jean Wellburn, Central Rental Office, Chicago Housing Authority, telephone interview, 10 August 1989.

[143]Ibid.

[144]Stockwall, 10 August 1989.

[145]Wellburn, 10 August 1989.

[146]Ibid.

[147]Associated Press Wire, 8 November 1989.

[148]Public housing authority officials stated that the 12-year wait estimate dates back to 1985 -- the last time the housing authority undertook such study.

had been hired to clean-up the list, (remove bad addresses, etc.), and the current wait is 8-9 years.[149]

The last full-scale vacancy report done by the Chicago Housing Authority was prepared in 1985. At that time it was estimated that the authority served 4.8% of Chicago's total population. Approximately 200,000 households in Chicago have annual incomes under $5,000 and are thereby eligible for public housing.[150]

Possible Solutions: Shelter providers and non-profit developers in Chicago concur that the only solution to homelessness in Chicago is the creation of safe, sanitary, affordable housing.[151] Increased income opportunities were cited as a direct co-requisite.[152] Doug Dobmeyer, Director of the Public Welfare Coalition, summed-up this volatile combination of needs fostering homelessness:

> Money for rehabilitation work is a must, as well as a change in attitude on the part of citizens and public officials confronting this complex issue. Public Assistance grants in Chicago are 42.6% of the state standard of need based assistance, placing the city's aid well below the poverty line.[153]

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[149]Wellburn, 10 August 1989.

[150]Department of Planning, Housing Needs of Chicago's Single, Low-Income Renters (A Draft Report), (Chicago: Department of City Planning, June 1985), p. 5.

[151]Marubio, 10 August 1989. Deb Ridgway, 8th Day Center for Justice, Community Emergency Shelter Organization, telephone interview, 11 August 1989.

[152]Ridgway, 11 August 1989.

[153]Dobmeyer, 11 August 1989.

More SRO's would provide the best affordable housing alternative for single homeless persons; the problems faced by homeless families with children can only be solved through a comprehensive plan to increase the availability of single-family homes.[154]

There are currently 15-20,000 SRO units in Chicago.[155] Approximately 10-12,000 units were lost due to conversion or demolition from 1972-1985 at a rate of 1,000 units per year.[156] Only 200 of the remaining units are vacant. It is estimated that it would cost approximately $150 million to rehabilitate 3,000-4,000 units that would mix SRO's with family housing.[157] The Harold Washington, a newly re-opened SRO based on this model, cost $2.5 million for seventy units, bringing average rehabilitation costs to $32,000 per unit.[158]

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[154]Marubio, 10 August 1989.

[155]Ridgway, 11 August 1989.

[156]Jewish Council of Urban Affairs, SRO's: An Endangered Species, Single Room Occupancy Hotels in Chicago. (Chicago: Community Emergency Shelter Organization and the Jewish Council on Urban Affairs, 1985), p. 48.

[157]Dobmeyer, 11 August 1989.

[158]Lakefront SRO Corporation, Making Room in the Inn: How Neighbors Saved SRO Housing in Chicago (Chicago: Lakefront SRO Corporation, 1989), p. 1.

Cincinnati, Ohio

Population Characteristics: There are approximately 11-16,000 homeless persons in Cincinnati.[159] End of the year reports by area shelter providers revealed that over the last year, requests for emergency shelter increased 15-22%.[160] The majority of Cincinnati's homeless are single men (60%), with the balance being composed of families with children.[161] No hard data are available on the number of homeless youth.

Approximately 30% of the homeless have a history of mental illness. Additionally, shelter providers have noticed an increasing amount of employed persons residing in the shelter.[162] Survey work conducted on the racial characteristics of the homeless population revealed that on an average, 50% of Cincinnati's are African-Americans.[163] There are an equal number of single and 2-parent homeless families in Cincinnati, with the total homeless population increasing most significantly during the summer months.[164]

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[159]Kelly Gammon, Greater Cincinnati Coalition for the Homeless, telephone interview 22 August 1989. Gammon estimates 16,000 homeless in 1988; Comprehensive Assistance Plan (CHAP) for Cincinnati estimates 11,000 form 1986 survey work.

[160]Ibid.

[161]Ibid.

[162]Ibid.

[163]Ibid.

[164]ibid.

Characteristics of Facilities: The number of emergency shelter facilities in Cincinnati remained constant over the last year.[165] Transitional housing facilities increased by 100% -- 0 beds available one year ago -- 9 units available now.[166] There are 4 facilities in the city that exclusively provide service to homeless families.[167] It is estimated that there are 600-1,000 beds available to homeless individuals and families in Cincinnati.[168] Shelter facilities vary by seasonal population fluxes.

The Critically Needy: The three groups of homeless people most critically in need of emergency services are families, substance abusers, and singles. Shelter providers cite a particular need for daycare facilities to assist homeless families with children, treatment programs for substance abusers, and more SRO's for homeless singles.[169] Additionally, the mentally ill need affordable housing opportunities coupled with intensive case management to support independent living whenever possible.[170]

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[165]Gammon, 22 August 1989.

[166]Ibid. Bethany House, a 9-unit transitional housing facility opened in Cincinnati in 1988.

[167]Ibid. The 4 family shelters in Cincinnati are Bethany, St. John, Welcome House and the Salvation Army.

[168]Ibid.

[169]Ibid.

[170]Chris Hall, Tender Mercies, telephone interview 22 August 1989.

Causes of Homelessness: The main cause of homelessness in Cincinnati is a lack of affordable housing.[171] Coupled with few tenant protections guarding against illegal eviction, the impact of limited affordable housing options has been a mitigating factor in increasing homelessness in the city.[172] Cincinnati, quite like other urban centers, is suffering from the persistence of underemployment. The fall-out of low wages and an expensive housing stock has been the crisis of homelessness.[173] Given these factors, shelter providers expect to see an increase in the requests for emergency shelter in 1990.

Public Housing Availability: The Cincinnati Housing Authority maintains approximately 7500 units of public housing.[174] Currently there is a 8.3% vacancy rate.[175] The main causes of unit vacancy is rehabilitation/renovation work on the units.[176] Requests for public housing in Cincinnati remained constant over the last year.

The wait time to receive assistance varies according to the size of the unit. Smaller units, (1 and 2-bedrooms), require a two to three month wait.[177] Larger units, (3-5 bedrooms) take one to

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[171]Gammon, 22 August 1989.

[172]Ibid.

[173]Ibid.

[174]Micheal Lundy, Cincinnati Metropolitan Housing Authority, 14 August 1989.

[175]Ibid.

[176]Ibid.

[177]Ibid.

two years to receive from the time of application.[178] Elderly units average a 6 month wait time. The waiting list is currently closed to single adults.[179] No data are available on the number of eligible households served by the housing authority.

Possible Solutions: Shelter providers concur that low-income housing must be preserved in the city.[180] Referencing the depleted supply of SRO's in the city, advocates stated that 1,100 units have been demolished in the last fifteen years.[181] Estimates of the number of remaining SRO units peak at 400.[182] A central co-requisite of preservation strategies must be increased pressure on the municipal government to bring deteriorated low-income units up to code.[183] The cost to rehabilitate, (and consequently, bring up to code), an SRO unit in Cincinnati averages $12,000 -- a fraction of the cost for new construction.[184]

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[178]Lundy, 22 August 1989.

[179]Ibid.

[180]Gammon, 22 August 1989.

[181]Hall, 22 August 1989.

[182]Ibid.

[183]Ibid.

[184]Ibid.

Dallas, Texas

Population Characteristics: Dallas city officials estimate there are 6,500 homeless people in that city; [185] advocates believe that the number probably ranges between 10,000 and 12,000, and may be as high as 14,000.[186]

Service providers unanimously agree that there has been a significant increase in the number of people seeking services. One shelter provider reported a 15% increase over the last year;[187] another advocate reported an increase in requests for assistance from the city's Health Care for the Homeless program.[188] Shelter providers report that there are more people on the street who are not requesting services.[189]

The number of homeless families is increasing at a greater rate than the general homeless population.[190] Currently approximately 25% of the homeless population is made up of families.[191] More than 75% of these are single-parent families.[192]

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[185]Claudia Byrnes, Dallas Alliance of Services to the Homeless, Community Council, telephone interview, 28 August 1989.

[186]John Fullinwider, Common Ground, telephone interview, 14 August 1989. Byrnes, 28 August 1989.

[187]Father Jerry Hill, Austin Street Shelter, telephone interview, 22 August 1989.

[188]Fullinwider, 14 August 1989.

[189]Ibid.

[190]Fullinwider, citing Health Care for the Homeless visit data, 14 August 1989.

[191]Byrnes, 28 August 1989.

Single men make up 40% of the homeless are single men, and 15-20% are single women.[193] Chronically mentally ill persons account for 35-45% of the homeless population.[194] Roughly 15-20% of the homeless are substance abusers, and the number is increasing daily.[195] Approximately 50% of the city's sheltered homeless population are people of color, most of whom are African-American.[196]

Characteristics of Facilities: Three new shelters have opened in Dallas over the last year, making approximately 40 additional beds available.[197] There has been no increase in the number of beds for homeless families.[198] The number of transitional housing units in the city has not increased; currently there are 5 small transitional programs in the city.[199] "There is a desperate need here," said one service provider who works with homeless families.[200]

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[192]Father Hill, 22 August 1989.

[193]Byrnes, 28 August 1989.

[194]Ibid.

[195]Ibid; Father Hill, 22 August 1989.

[196]Fullinwider, 14 August 1989.

[197]Byrnes, 28 August 1989.

[198]Fullinwider, 14 August 1989.

[199]Byrnes, 28 August 1989.

[200]Matt English, North Dallas Shared Ministries, telephone interview, 21 August 1989.

One shelter specifically for homeless families is available in Dallas; it has a capacity of 30 families, and a 30-day limit on stays.[201] Because of the shortage of family space, the major proportion of turnaways in Dallas is of families.[202] While shelters are generally near or at capacity in the winter, many shelters were full during the summer of 1989.[203]

Causes of Homelessness: The shortage of permanent affordable housing is the primary cause of homelessness in Dallas.[204] Inadequate employment, an unhealthy economy, and a low minimum wage also contribute to homelessness. "People who are working can't pay for or even find housing," says one service provider.[205]

Advocates and shelter providers expect the demand for emergency shelter to continue to increase over the next year. "We see more people every month -- I don't see anything that's going to turn that around," says one.[206] Furthermore, few transitional housing programs exist to move people out of emergency shelters.

The Critically Needy: Families are among the most needy homeless in Dallas, due primarily to a serious shortage of emergency shelter beds and transitional care. Families also lack permanent

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[201]English, 21 August 1989.

[202]Byrnes, 28 August 1989.

[203]English, 21 August 1989; Father Hill, 22 August 1989; Fullinwider, 14 August 1989.

[204]English, 21 August 1989; Byrnes, 21 August 1989.

[205]English, 21 August 1989.

[206]Ibid.

affordable housing, child care, and employment and training programs.[207] Substance abusers are a growing segment of the homeless population; they lack detoxification facilities (there are none in Dallas) and adequate housing after the completion of treatment.[208] Due to the shortage of single room occupancy housing, single homeless adults are especially needy. Tuberculosis is a growing concern in Dallas' shelters for single men.[209]

Public Housing Availability: There are 6,580 conventional public housing units in Dallas. Of these, 4,150 (63.1%), are family units; the rest are for the elderly.[210]

The overall vacancy rate as of June 30, 1988, was 36.8%. The rate in family developments was 5.3%, which does not include units slated for demolition or modernization.[211] According to public housing officials, the high general vacancy rate is due to a slow tenant selection process and an overabundance of very small elderly units.[212]

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[207]English, 21 August 1989.

[208]Byrnes, 28 August 1989; Father Hill, 22 August 1989.

[209]Father Hill, 22 August 1989.

[210]Susan Mitchell, Planning Department, Dallas Housing Authority, telephone interview, 15 August 1989.

[211]Ibid.

[212]Ibid. Officials also cite a high vacancy rate in private housing as a contributing factor to the high public housing vacancy rate. Alicia Ware, Assistant Director of Applications, Dallas Housing Authority, telephone interview, 25 August 1989.

Currently there are 1,420 people on the open waiting list for public housing. Under a consent decree issued in a local lawsuit, the housing authority must house applicants -- both family and elderly -- within 30-60 days from the date of application. An applicant refusing an offered apartment is moved to the bottom of the waiting list and must go through the process again.[213]

The waiting list for Section 8 assistance has been closed since April 1988,[214] when it was opened for two weeks, resulting in 3300 applications for subsidies.[215] There are 1,000 backlogged requests for the 4,050 available Section 8 certificates in Dallas. The average wait for Section 8 assistance is one year.[216] Many Section 8 applicants currently reside in public housing.[217]

Possible Solutions: High vacancy rates in private housing, an increase in the number of available Section 8 certificates would provide housing for the rising numbers of Dallas' homeless families, as well as for single homeless people.[218] The provision of housing for this latter population would be a first step towards addressing other problems of Dallas' homeless, such as the increasing incidence of substance abuse.[219]

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[213]Ware, 25 August 1989.

[214]English, 21 August 1989.

[215]Ware, 25 August 1989.

[216]Comprehensive Homeless Assistance Plan, City of Dallas, February 1989, p. 10.

[217]Ware, 25 August 1989.

[218]Byrnes, 28 August 1989.

[219]Ibid.

Delmarva Peninsula

Introduction: It may come as a surprise that the Delmarva Peninsula, which is composed of the Eastern Shore areas of Delaware, Maryland, and Virginia, has a homelessness problem.[220] While the situation in this rural, generally poor, area differs from the problem in urban areas, homelessness in the Delmarva area is both a serious and growing concern.

Population Characteristics: Calculating the number of homeless people is even more difficult in the Delmarva area, because there are few shelters, and local people in need of assistance are forced to migrate to shelters in urban areas -- where they are counted as part of the urban homeless population.[221] Furthermore, many of those seeking shelter in the Delmarva area are migrant agricultural workers on their way to worker camps or awaiting temporary housing at their work site. While both migrant workers and nonmigrant homeless people need stable housing, each group has distinct needs as well.

Shelter providers in the Delmarva area report that the number of homeless people seeking services is increasing, with the homeless population increasing by 25% annually for the last five

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[220]For purposes of this survey, the Delmarva Peninsula includes Accomack and Northampton Counties in Virginia; Wicomico and Cecil Counties in Virginia; and rural Delaware, including Kent and Sussex Counties.

[221]Ken Smith-Shuman, Delaware Coalition for the Homeless, telephone interview, 30 August 1989.

years.[222] In Wicomico County, Maryland, the Salisbury Christian Shelter has experienced a 10% annual increase for the past eight years.[223] Ken Smith-Shuman of the Salvation Army reported that homelessness in Delaware increased by 15-20% over the last year.[224]

The emergency shelter needs of migrant workers have also increased. A study on migrants in the Eastern Shore area found that 17,380 workers pass through the area each year.[225] Approximately 4,000 migrants come through rural Accomack and Northampton Counties, Virginia, annually, and many of these people must resort to living in their cars or seeking emergency shelter prior to securing housing at their worksite.[226] Adverse weather conditions during 1989 left many workers without jobs they had been promised; the lack of a safety net resulted in their presence in shelters in much greater numbers.[227]

Family homelessness, among migrant and nonmigrants alike, has increased in the Delmarva area. The number of homeless families

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[222]Carl Mazza, Meeting Ground, telephone interview, 22 August 1989.

[223]William Anderson, Administrator, Salisbury Christian Shelter, telephone interview, 21 August 1989.

[224]Smith-Shuman, 30 August 1989.

[225]Joe Meyer, National Council on Agricultural Life and Labor, citing report by Church of Disciples of Christ, telephone interview, 31 August 1989.

[226]Bill Cooper, Delmarva Rural Ministries, telephone interview, 21 August 1989; Betty Howell, Lighthouse Shelter, telephone interview, 21 August 1989.

[227]Ruth Brown, Health Educator, Delmarva Rural Ministries, telephone interview, 22 August 1989.

has gone up at a rate greater than the general population.[228] Onancock, Virginia's Lighthouse Shelter found that approximately 25% of those served in 1988 were families; in July 1989 alone, a total of 65% of the sheltered homeless population was families.[229] In Delaware, families constitute 33% of the homeless population; the yearly rate of increase is 25%.[230] Even among migrant workers, families make up about 50% of the population.[231] According to the Department of Social Services' 1988 survey for Wicomico County, Maryland, 58% of those served by shelters were families.[232] In Cecil County, 60% were families.[233]

The proportion of homeless people suffering from mental illness or substance abuse is largely the same or lower in rural areas than in cities.[234] Approximately 30% of Meeting Ground's clients suffer from mental illness and 30-40% are substance abusers. A full 30% are employed.[235] While the percentage of the Salisbury Christian Shelter's clients who are mentally ill or are

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[228]Mazza, 22 August 1989.

[229]Betty Howell, 21 August 1989.

[230]Smith-Shuman, 30 August 1989.

[231]Meyer, 31 August 1989.

[232]Anderson, 21 August 1989.

[233]Mazza, 22 August 1989.

[234]Smith-Shuman, 30 August 1989.

[235]Mazza, 22 August 1989.

substance abusers is relatively low, it is on the increase.[236] The Lighthouse Shelter reports that 75% of the shelter's clients suffer from emotional problems, substance abuse, or spouse abuse.[237]

People of color are disproportionately represented among the homeless people of the Delmarva area. On the Eastern Shore of Virginia, 60% of the homeless are people of color, most of whom are African-American.[238] Hispanic persons increase in mid-summer as part of the migrant farmworker community. The total population of Cecil County, home of Meeting Ground, is 95% white; however, 40% of the shelter clients are African-American.[239] African-Americans constitute approximately 80% of the Salisbury shelter's clients.[240]

Delmarva's homeless families are mostly headed by single parents -- 60% in Cecil County,[241] 80% in Wicomico County,[242] and 60% in Virginia's Accomack and Northampton counties.[243] While homeless families in Delaware are still predominantly single-parent

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[236]Anderson, 21 August 1989.

[237]Howell, 21 August 1989.

[238]Ibid.

[239]Mazza, 22 August 1989.

[240]Anderson, 21 August 1989.

[241]Mazza, 22 August 1989.

[242]Anderson, 21 August 1989.

[243]Howell, 21 August 1989.

households, the number of intact underemployed families is increasing.[244]

More people seek shelter in the Delmarva area in the summer, due in part to the influx of migrant workers. Shelter providers also recognize that families are more apt to move in summertime given better travel conditions and higher rates of evictions.[245]

Characteristics of Facilities: The number of shelter beds has increased in the Delmarva area over the last year. Approximately 100-150 new beds were added in Delaware, an increase of 25%.[246] The one shelter on the eastern Virginia shore has not increased its capacity.[247] Rural Maryland advocates anticipate adding 25 beds for single men.[248] Additionally, the Samaritan Shelter in Pocomoke will reopen this year, providing 10 beds to families.[249] There has been no increase in the number of transitional housing units. One shelter provider claimed that her 10-bed, 2-crib emergency shelter has begun to serve as transitional housing for families, simply because there are no such units in the area.[250] Transitional

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[244]Smith-Shuman, 30 August 1989.

[245]Anderson, 21 August 1989; Smith-Shuman, 30 August 1989.

[246]Smith-Shuman, 30 August 1989.

[247]Brown, 22 August 1989.

[248]Mazza, 22 August 1989.

[249]Dan Blair, Director, Samaritan Shelter, telephone interview, 30 August 1989.

[250]Howell, 21 August 1989.

programs are expected to open in Delaware's rural Sussex County (24 beds) and in Elkton, Maryland (2 beds).[251]

Most shelters are full. "If we had four times the capacity we have now, we would still be full every night," says Carl Mazza of Meeting Ground. His shelter must currently turn away two people for every one person it admits.[252] Turnaways are highest in the summer.[253]

Causes of Homelessness: According to Delmarva's homeless advocates, the shortage of affordable housing for low-income people in the tri-state area is a principal cause of homelessness.[254] As real wages have decreased, rents have increased at a pace doubling the general inflation rate.[255] The paucity of services for substance abusers, the mentally ill, and abused spouses also leads to homelessness.[256]

The Critically Needy: Migrant workers are in particular need of decent housing, as well as guaranteed work and wages.[257] They also

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[251]Smith-Shuman, 30 August 1989; Mazza, 22 August 1989.

[252]Mazza, 22 August 1989.

[253]Howell, 21 August 1989. Mazza, 22 August 1989.

[254]Ibid.

[255]Smith-Shuman, 30 August 1989.

[256]Howell, 21 August 1989; Mazza, 22 August 1989.

[257]Howell, 21 August 1989.

need medical care and job training.[258] Unfortunately, advocates say, "farmworkers have the least clout."[259]

Single working people need affordable, single-room occupancy housing. Families trying to survive on AFDC need rental assistance as well as transitional services, including health care assistance.[260] "Renting is almost impossible for a family getting started," says Delmarva Rural Ministries' Ruth Brown.[261] She adds that more than 2,700 households in Accomack and Northampton counties do not have indoor plumbing, demonstrating the extent to which Delmarva's poor are precariously situated in substandard housing.[262]

Delmarva advocates believe that the steady increase in the homeless population will continue over the next year. "There's no reason to believe that people will be needing shelter less," says Ken Smith-Shuman of the Delaware Coalition for the Homeless.[263]

Carl Mazza adds, "There's no plan in the works at any level...that would address these issues, especially housing.

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[258]Brown, 22 August 1989.

[259]Meyer, 31 August 1989.

[260]Anderson, 21 August 1989.

[261]Brown, 22 August 1989.

[262]Ibid.

[263]Smith-Shuman, 30 August 1989.

Unless there's a reversal, I don't see any real change. The situation has got to worsen."[264]

Public Housing Availability: The unmet demand for public housing is as great in rural Delmarva as it is in many large cities. Delaware's rural Kent and Sussex counties have 240 units of public housing available, 185 of which are for families.[265] The vacancy rate remains steady at 3%. At the end of July 1989, there were 370 applicants on the waiting list for housing; while this number may seem small compared to waiting lists in major urban areas, the list is closed for some bedroom sizes, and applicants must still wait as long as two years for assistance.[266] All told, 10,000 Delawareans wait for assisted housing.[267]

Eastern Virginia counties report that their 200 Section 8 certificates do not meet the need for housing assistance; there is no public housing. From January to August 1989, requests for Section 8 assistance in Accomack and Northampton counties, Virginia, increased by 50%.[268] Currently 400 applicants wait for

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[264]Carl Mazza, Meeting Ground, telephone interview, 5 September 1989.

[265]Sherry Woodruff, Delaware State Housing Authority, telephone interview, 5 September 1989.

[266]Ibid.

[267]Meyer, 31 August 1989.

[268]Ibid. Josephine Collins, Accomack-Northampton Planning District Commission, telephone interview, 23 August 1989. Accomack County currently provides assistance to 102 families, 14 more than its limit of 88. Accomack County will not receive more vouchers or certificates from the state until they cut back to 88.

rental assistance through Section 8, and no more applications are being accepted.[269]

Possible Solutions: Housing is needed to end homelessness in Delmarva; however, not enough is being done to foster the creation of low-income housing. A proposed low-income housing development sponsored by a Virginia community development corporation never got off the ground, as migrant tenants could not provide requisite proof of a steady 12-month income.[270] While boarding and rooming houses provide housing for single men in rural Maryland, many more are needed, and they need to expand to serve the needs of women.[271]

Some solutions to the migrant housing problem are currently being designed and carried out in the Delmarva area. In Salisbury, Maryland, a Farmers Home Administration-funded project will provide 34 units of low-cost housing for local and migrant farmworkers.[272] At $56,000 per unit, building costs are modest.[273] A similar project has been proposed in Sussex County, Delaware. Budget surpluses, a common occurrence in Delaware, could provide the necessary financing.[274]

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[269]Collins, 23 August 1989.

[270]Brown, 22 August 1989.

[271]Mazza, 5 September 1989.

[272]National Council on Agricultural Life and Labor, "Model Farm Labor Housing Project Nears Completion," HandsNet Forum, 11 September 1989, p. 1.

[273]Smith-Shuman, 30 August 1989.

[274]Ibid.

Detroit, Michigan

Population Characteristics: Approximately 12,000 people are homeless during any month, and 50,000-60,000 are homeless over the course of a year in Detroit.[275] The shelter hotline has experienced a monthly increase of 100 requests for assistance over the last year.[276] Families make up about 24% of the homeless population; in a March 1989, survey of adult homeless people, 75% were single men, 13% were single women, and 11% were accompanied by children.[277]

Substance abuse is a growing problem in Detroit. In the 1989 survey, 38% of adults admitted to having a substance abuse problem.[278] Data submitted by the Mayor's office indicated that 23% of Detroit's homeless are substance abusers.[279] Approximately 40% of homeless adults also expressed a need for psychological counseling in the 1989 survey,[280] while the U.S. Conference of Mayors reports estimated that 10% were severely mentally ill.[281]

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[275]Earnestine Coates, Travelers Aid, telephone interview, 28 August 1989.

[276]Kathleen Murphy-Castillo, Detroit/Wayne County Homeless Strategy Coalition, telephone interview, 5 September 1989.

[277]Ibid.

[278]Ibid.

[279]U.S. Conference of Mayors, A Status Report on Hunger and Homelessness in America's Cities: 1988 (Washington, DC: United States Conference of Mayors, 1989), p. 62.

[280]Castillo, 5 September 1989.

[281]U.S. Conference of Mayors, Status Report 1988, p. 62.

African-Americans make up 98% of the city's homeless population.[282]

Characteristics of Facilities: There has been a modest increase in Detroit's shelter capacity over the last year.[283] While there was talk of increasing the bed count to 1000,[284] currently only 900-925 beds are in use.[285] The recent increase in shelter beds for families has occurred at the expense of SRO units which had functioned as permanent housing for single adults.[286] Currently only one transitional housing program operates in Detroit, and it serves the homeless mentally ill.[287]

Most shelters operate at full capacity in Detroit. The turnaway rate increases in summertime, as relatives and friends feel less obligated to provide relief from the elements.[288] The COTS shelter has experienced a 7.6% increase in those served, and an unprecedented 300% increase in the numbers of people turned away.[289] Sally McCabe of that shelter estimates that the city's 12

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[282]Sally McCabe, Coalition on Temporary Shelter, telephone interview, 24 August 1989.

[283]Castillo, 5 September 1989

[284]Teresa Blossom, "Plan to Put Homeless at Cobo Hall Vetoed," Detroit Free Press, 1 March 1989, p. 4A.

[285]Coates, 28 August 1989.

[286]McCabe, 24 August 1989.

[287]Castillo, 5 September 1989.

[288]Coates, 28 August 1989.

[289]McCabe, 24 August 1989.

shelters probably turn away around 24 people a night each --for a total of 288 (sometimes duplicated) people each night.[290]

Causes of Homelessness: People become homeless in Detroit because of a shortage of affordable housing, say both city and private advocates.[291] Other contributing reasons include substance abuse, lack of family services, eviction by landlord or family member, and domestic violence.[292] Shelter allowances under AFDC do not cover the actual costs of housing.[293]

The Critically Needy: According to shelter providers, the sub-populations most in need of services are families and substance abusers. Families need child care and adequate medical care;[294] substance abusers, who currently must wait to gain access to the single treatment program in the city, need long-term treatment, detoxification facilities, and education.[295]

Currently, only two shelters, with a total bed capacity of 70, will accept homeless people under age twenty-one. The women's shelter only admits women aged eighteen or older, which leaves a

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[290]McCabe, 24 August 1989.

[291]U.S. Conference of Mayors, Status Report 1988, p. 40; McCabe, 24 August 1989.

[292]Comprehensive Homeless Assistance Plan, City of Detroit, February 1989, p. 2.

[293]Castillo, 5 September 1989.

[294]Coates, 28 August 1989; U.S. Conference of Mayors, Status Report 1988, pp. 55-56.

[295]Ibid.

substantial number of young homeless women -- some of whom are mothers -- on the streets.[296]

The homeless population is expected to continue to increase.[297] It is estimated that 460,000-500,000 people whose incomes are at or below 125% of the poverty level are at risk of becoming homeless.[298]

Public Housing Availability: There are approximately 10,100 units of public housing in Detroit.[299] More than 1,500 of these units are vacant and uninhabitable. Another 2,000 units are off the market completely and are not counted in the 10,100.[300] The vacancy rate in inhabitable buildings is less than 2%; for the buildings under rehabilitation, it is 50%.[301] The public housing authority has been ordered to reduce the general vacancy rate to 3% by 1991 or have its federal funds reduced or cut-off.[302]

Requests for public housing assistance have not increased over the past year.[303] According to the housing director, there are 900

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[296]Coates, 28 August 1989.

[297]McCabe, 24 August 1989; U.S. Conference of Mayors, Status Report 1988, p. 59.

[298]CHAP, p. 5.

[299]Tom Lewis, Director, Detroit Public Housing Authority, telephone interview, 18 September 1989.

[300]Ibid.

[301]Ibid.

[302]Chauncey Bailey, "City's Public Housing Improving, Chief Says," Detroit News, 21 January 1989, p. 2A.

[303]Lewis, 18 September 1989.

people on the waiting list for housing; 60% of them are senior citizens.[304] The Section 8 department, which administers 1,200 certificates, has closed its list. However, the public housing list remains open.[305] A mayor's plan to make 400 public housing units available to homeless families never resulted in any family placements.[306]

More than 60% of AFDC recipients and 50% of General Assistance households pay more than their designated shelter allowance for housing.[307] Approximately 14% of eligible low-income households in Detroit are currently served by assisted housing.[308]

Possible Solutions: According to Earnestine Coates, "the provision of adequate, safe, affordable housing is the key to ending homelessness."[309] One advocate mentioned the need for the federal government to get "back in the business of providing affordable housing."[310] But between 1970 and 1980, Detroit lost 11% of its total housing stock; the rate of demolition of multiple housing units such as SROs was over twice the rate of loss for single-

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[304]Lewis, 18 September 1989.

[305]Ibid.

[306]Blossom, Detroit Free Press, 1 March 1989, p. 4A.

[307]CHAP, p. 5.

[308]U.S. Conference of Mayors, Status Report 1988, p. 68.

[309]Coates, 28 August 1989.

[310]Castillo, 5 September 1989.

family and two-family structures.[311] Currently, there are no provisions in place for the replacement of these units. "There's not a lot going on to bring back SRO hotels," said one shelter provider.[312] An increase in the SRO stock, coupled with employment training and services, would be a big step on the road to ending homelessness in Detroit.[313]

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[311]CHAP, p. 5.

[312]McCabe, 24 August 1989.

[313]Coates, 28 August 1989; Castillo, 5 September 1989.

Fargo, North Dakota -- Moorhead, Minnesota

Population Characteristics: Due to their close proximity, the shelter providers in the Fargo-Moorhead area have a unique problem -- the two cities are the co-providers for the estimated 250 homeless persons that reside within their borders.[314] Shelter providers in the area state that during the last year, the number of people requesting emergency shelter has increased by 40%. In Moorhead, the primary shelter provider for intact families reported a doubling -- 100% increase -- of emergency requests.[315] The homeless population in the Fargo-Moorhead corridor is predominantly constituted of single men (60%), with families with children (26%), and single women (23%) making up the balance of this population.[316] Under 1% of the homeless are unaccompanied youth under age eighteen. No hard data exists on the number of persons with a history of substance abuse, mental illness, prior armed forces service, and employment status. Of the homeless population in the two cities, 25-30% are Native Americans.[317] The majority of the homeless families in Fargo-Moorhead are headed by single parents, (80%), and children account for the majority of family members

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[314]Barbara Stanton, YWCA Women and Children's Shelter, Fargo, telephone interview, 25 August 1989. The combined population of Fargo and Moorhead is approximately 150,000 people.

[315]Ibid. The YWCA experienced a 40% increase in the volume of requests by women and children as well.

[316]Ibid.

[317]Ibid. This sub-population is comprised of 6 different tribes residing in the region.

(66%) -- an average of two to three children per parent.[318] Shelter providers in the area have seen a steady increase in the number of requests for shelter, noting that migrant farmworkers often double-up in residences rather than requesting assistance.

Characteristics of Facilities: The number of emergency facilities in the area remained constant over the last year. In Moorhead, there is a fixed number of beds, whereas in Fargo, there is some flexibility during heavy seasons. Thus, the region has 186 stable emergency beds, with a maximum of 205.[319] Additionally, the YWCA in Fargo has started a transitional housing program that can service 5 families at a time. They are hoping to increase this facility by two units in FY90.[320]

The Critically Needy: Homeless persons most in need in the Fargo-Moorhead corridor are families with children, substance abusers, and the mentally ill. Barbara Stanton of the Fargo YWCA Shelter for Women and Children stated that more emergency space for intact families is needed. With respect to substance abusers, Stanton characterized a critical void: "There are no detoxification programs and intoxicated people are not allowed in the shelters. There is no rehabilitation available." Quite like other places

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[318]Stanton, 25 August 1989.

[319]Both the YWCA and the New Family Life Center in Fargo can go up approximately 10 beds under their zoning -- a contrast with Moorhead, which has fixed capacity shelters.

[320]Stanton, 25 August 1989.

throughout the nation, there are no continual care programs for the mentally ill in either Fargo or Moorhead.[321]

Causes of Homelessness: The main cause of homelessness in the Fargo-Moorhead corridor is a shortage of affordable housing. Combined with this shortage, is the devastating impact of underemployment.[322]

> The biggest problem here is doubling- and tripling-up, particularly among migrant farmworkers. There is no stable farmworker housing stock. Sugar beets are the main crop -- currently a political football as Congress is enacting tariff bill revisions that will heavily affect local farmers. Additionally, the effects of the drought in the region will be with us well into 1990.[323]

People have great difficulty finding better employment that will pay a "living wage." The lack of skill-training programs and daycare compound their difficulties in securing employment that pays adequate wages. The first seven months of 1989 showed an increase in the number of requests for emergency shelter, resulting from smaller towns with population of less than 2,000 seeking relief provisions from their "big city neighbors," Fargo and Moorhead. Shelter providers in the area expect the requests for emergency shelter to increase in 1990.

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[321]Stanton, 25 August 1989.

[322]Ibid.

[323]Ibid.

Public Housing Availability: The public housing authority of Fargo maintains 640 conventional units: 245 family and 395 elderly.[324] Of the elderly units, 200 units are equipped with wheelchair ramps, thereby serving disabled persons as well. At the present time, a dozen elderly units are vacant, albeit soon to be filled as the waiting time for elderly units is only 30 days.[325] The housing authority also maintains 150 Section 8 certificates and vouchers. The waiting time is considerably longer for Section 8 units, averaging 1.5 to 2.5 years. Conventional family units usually take 8-16 months from the time of application.[326] The Section 8 waiting list is closed to new applications at this time. Public Housing Authority officials estimate that the percentage of eligible low-income households served is 50%.[327]

The Public Housing Authority of Moorhead maintains 209 conventional units.[328] The majority of the units are designated for the elderly, (150 units).[329] Additionally, through Clay County, (of which Moorhead is a member city), 250 Section 8 certificates and

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[324]John Wambheim, Fargo Housing Authority, telephone interview, 25 August 1989.

[325]Ibid.

[326]Ibid.

[327]Ibid.

[328]Sally Roe, Housing Manager, Moorhead Public Housing Authority, telephone interview, 13 September 1989.

[329]Ibid.

vouchers are available on a county-wide basis.[330] Of the Section 8 units, 40 are ear-marked for the elderly and/or disabled.[331] Vacancy rates for conventional units are lower than 1%, while there are no vacancies in the county administered Section 8 housing.[332] In the city of Moorhead, requests for conventional public housing units increased by 2%.[333] County-wide requests for Section 8 units remained the same.[334] The waiting time for both conventional and Section 8 units varies according to size, with Section 8 waiting time being considerably longer. Conventional elderly units require only a three-month wait, while four-bedrooms can take as long as three years.[335] Section 8 units of the same size have a minimum four years wait.[336] Both agencies are accepting applications, and there are 500 families on the Section 8 waiting list.[337]

Possible Solutions: When asked what might solve the problem of homelessness in the Fargo-Moorhead area, shelter providers stated that a combination of better affordable housing choices and increased opportunities for financial assistance would be

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[330]Amy Hildebrand, Clay County Housing and Redevelopment Authority, telephone interview, 13 September 1989.

[331]Ibid.

[332]Ibid.; Roe, 13 September 1989.

[333]Roe, 13 September 1989.

[334]Hildebrand, 13 September 1989.

[335]Roe, 13 September 1989.

[336]Hildebrand, 13 September 1989.

[337]Ibid.

necessary. Given the agricultural base of the area's economy, the employment market is limited and resulting wages are often low.

> We are currently fighting with the state welfare system on the welfare reform act. Average AFDC payments for women with two children are $386 a month. General Assistance payments start at $10 a month, peaking at a maximum of $400 a month for 2 months rent; the amount of these payments varies by county as no assistance levels are standardized within the state. In Fargo alone, housing costs are high. The average 2-bedroom costs $350-400 a month.[338]

Structural solutions to the affordable housing crunch would involve the creation of more single family homes and duplexes.[339] With respect to single homeless persons, there is some room for more SRO units as only three SRO buildings remain in Fargo.[340]

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[338]Stanton, 25 August 1989.

[339]Duplexes, triplexes, and quadriplexes are most prevalent in the northwestern rural U.S., Connecticut, Rhode Island, and Massachusetts. Recently, the Southern Maryland Tri-County Community Action Committee held a ribbon-cutting ceremony for a inaugural duplex complex in Indian Head, Maryland --marking the first appearance of duplexes as an affordable housing option on the lower East Coast.

[340]Stanton, 25 August 1989.

Los Angeles, California

Population Characteristics: According to local advocates for the homeless, there are 50,000 homeless people in Los Angeles.[341] The number of people requesting emergency shelter increased by 23% in 1988 alone.[342] While the state approved 10,220 requests for family shelter assistance in May 1988, more than 11,650 requests were approved for the same month a year later.[343]

Approximately 35% of the homeless in Los Angeles are families with children. Single men make up 40% of the population, while single women and unaccompanied youth constitute approximately 25%.[344] The homeless population is composed of approximately 30% mentally ill people and 30% substance abusers. The number of people who are homeless and employed is estimated to be 35%.[345] The city's homeless population is approximately 80% African-American.[346] Family requests for assistance peak in the late summer months.[347]

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[341]Gary Blasi, Legal Aid Foundation of L.A., telephone interview, 28 August 1989. The Mayors Report states that a conservative estimate of the homeless population is 33,000. U.S. Conference of Mayors, Status Report 1988, p. 53.

[342]U.S. Conference of Mayors, Status Report 1988, p. 62.

[343]Melinda Bird, Western Center on Law and Poverty, telephone interview, 28 August 1989.

[344]U.S. Conference of Mayors, Status Report 1988, pp. 26-27.

[345]Ibid., pp. 27-28.

[346]Blasi, 28 August 1989.

[347]Bird, 28 August 1989.

Characteristics of Facilities: While the city reports that the number of emergency shelter beds has increased,[348] advocates believe that shelter capacity has remained virtually the same.[349] While a new state program provides motel vouchers to AFDC recipients for emergency housing assistance, neither new emergency family shelter beds nor transitional units for families have come on line.[350]

The number of beds in the city is also disputed. The city reports that there are 10,000 beds available to the homeless on any night.[351] Advocates, on the other hand, found in a November, 1988, survey that 6,350 beds, including 500-1,000 hotel/motel beds, were available.[352]

There is a high number of turnaways from Los Angeles shelters. While the city claims that 35% of the shelter demand goes unmet,[353] advocates claim that 10% or less of the homeless receive assistance.[354] A Shelter Partnership survey of non-mission, non-specialized shelters found that shelters turned away an average of

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[348]The amount of the increase is unspecified. U.S. Conference of Mayors, Status Report 1988, p. 42.

[349]Blasi, 28 August 1989.

[350]Bird, 28 August 1989.

[351]U.S. Conference of Mayors, Status Report 1988, p. 53.

[352]Ruth Schwartz, Shelter Partnership, telephone interview, 29 August 1989.

[353]U.S. Conference of Mayors, Status Report 1988, p. 51.

[354]Blasi, 28 August 1989.

15 persons each night, for a total of 1,800 people.[355] Before a state program providing one month of emergency housing assistance to AFDC recipients was initiated, shelters were having to turn away 10 families for every available bed.[356]

Single people seeking shelter -- those most frequently in need during the winter months -- have a slight advantage for services, as the state's "Cold Weather Program" creates additional shelter space to compensate for the increased demand.[357]

Causes of Homelessness: Both city officials and private advocates agree that the shortage of affordable housing is the main cause of homelessness in Los Angeles.[358]

The Critically Needy: While virtually all homeless people in Los Angeles are in need of better housing and services, certain segments of the population have been found to be especially needy. First among these are mentally disabled people, whose shelter and psychiatric needs are going unmet in the absence of specialized programs.[359] Families are lacking long-term transitional shelter with supportive services such as child care, transportation, and

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[355]Schwartz, 29 August 1989.

[356]Bird, 28 August 1989.

[357]Ibid.

[358]U.S. Conference of Mayors, Status Report 1988, p. 40; Blasi, 28 August 1989.

[359]Schwartz, 29 August 1989.

job training.[360] Resources for homeless youth are in short supply as well.

Those on the brink of homelessness are also in need in Los Angeles. In 1987, a survey of 500 residences in Los Angeles County, (conducted by the Los Angeles Times), revealed that some 42,288 families with an average of five persons per family were living in garages. Assuming an average of three children per family produced an estimate that 148,500 of these hidden homeless were children.[361] There is no reason to believe that the number of requests for emergency shelter will decrease.[362]

Public Housing Availability: The Los Angeles Housing Authority administers 9,390 public housing units, 8,560 of which house families.[363] The 3% vacancy does not represent buildings under rehabilitation or renovation and is due to normal turnover.[364] Requests for housing assistance have increased over the last year, especially for Section 8 certificates.

The waiting list for public housing has 2-3,000 names on it. According to public housing officials, the average wait ranges from

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[360]Blasi, 28 August 1989.

[361]Government Accounting Office (GAO) Children and Youths: About 68,000 Homeless and 186,000 in Shared Housing at Any Given Time. (Washington, DC: Government Printing Office. June 1989), p. 16.

[362]Ibid.

[363]Ed Griffin, Los Angeles Housing Authority, Planning Department, telephone interview, 31 August 1989.

[364]Ibid.

9-12 months.[365] Contradicting this estimate, the U.S. Conference of Mayors survey reports that the wait is 24 months.[366] The waiting list remains open at all times.[367]

The demand for Section 8 assistance is overwhelmingly high. The list for certificates is closed; it is opened for new applications only occasionally.[368] It was open for two days in 1989 and over 40,000 people applied, resulting in burned-out phone circuits.[369] A public housing official estimated that approximately 30% of eligible low-income households receive housing assistance.[370]

Possible Solutions: Bringing an end to Los Angeles' housing and homelessness problems will be a lengthy and difficult process. One advocate stated that a large outlay of housing funds -- minimally $10-15 billion -- would be necessary to provide affordable housing to all who need it in Los Angeles.[371] Furthermore, wage levels and entitlement benefits must be raised to provide enough income to support housing as well as other expenses, according to a local advocate.[372]

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[365]Griffin, 31 August 1989.

[366]U.S. Conference of Mayors, Status Report 1988, p. 63.

[367]Griffin, 31 August 1989.

[368]U.S. Conference of Mayors, Status Report 1988, p. 64.

[369]Blasi, 28 August 1989.

[370]Griffin, 31 August 1989.

[371]Blasi, 28 August 1989.

[372]Schwartz, 28 August 1989.

For single adults, the rehabilitation and upgrading of Single Room Occupancy (SRO) units can be a cost-effective way of providing housing. The Los Angeles-based SRO Housing Corporation currently has rehabilitated and now administers 1,200 of Skid Row's total 6,000 SRO units -- characterized as "just a bandaid," by the project's director.[373] Rehabilitation of the units, which costs an average of $18-30,000 per unit, turns sub-standard slum dwellings into decent, livable housing for the poor.[374] Los Angeles' recent three-year moratorium on demolition of the city's 27,000 units should pave the way for further improvement and rehabilitation of inexpensive housing for single adults. Additionally, an 8-unit low-rent apartment complex for previously homeless families was built by a local nonprofit for $320,000. Rents at the complex will range from $325 to $375 per month.[375]

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[373]Andy Raubeson, SRO Housing Corporation, telephone interview, 30 August 1989.

[374]Ibid.

[375]Jill Stewart, "Low Cost Building Opens for Homeless," Los Angeles Times, 12 September 1989.

Manchester, New Hampshire

Population Characteristics: In 1987, 1,112 people were sheltered in the city of Manchester.[376] There has been a gradual increase in the population over the last year.[377]

Approximately 57% of Manchester's homeless are single men. Single women make up 25% of the population, and families make up 19%.[378] The family population is increasing at a greater rate than the general population.[379]

Between 25-33% of Manchester's homeless suffer from mental illness. A full 70-75% are substance abusers. Few of the homeless are employed; those that are work for day labor pools and make minimum wage.[380] Between 1-2% of the homeless in Manchester are African-American.[381]

Characteristics of Facilities: Approximately 130 beds are available to Manchester's homeless.[382] Neither the number of emergency shelter beds nor the number of transitional housing units

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[376] Comprehensive Homeless Assistance Plan, City of Manchester, February 1989, p. 1.

[377] Walter Ring, New Horizons for New Hampshire, telephone interview, 28 August 1989.

[378] CHAP, p. 1.

[379] Ring, 28 August 1989.

[380] Ibid.

[381] Ibid.

[382] New Hampshire Task Force on Homelessness, Homelessness: The New Hampshire Response (1988), p. 6.

in Manchester has increased over the past year.[383] There is one family shelter in Manchester, and it is run by the city.

Current estimates show 8-15 people are turned away every day from the single adults shelter alone.[384] There are as many turnaways in summer as there are in winter.[385]

Causes of Homelessness: The main causes of homelessness in Manchester are the lack of both affordable housing and decent-paying jobs.[386] There is little opportunity for job training and education to improve the employment situation.

The number of requests for emergency shelter in Manchester are expected to increase in 1990. "The economy in Manchester is suffering, and the crunch is being felt more," said Walter Ring of the New Horizons shelter for single adults.[387]

The Critically Needy: Due to the shortage of services for homeless people who are substance abusers, they are considered the most critically needy in Manchester. There are no detoxification facilities in Manchester. The shortage of affordable housing, which is necessary to stabilize their lives, is a compounding factor.

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[383]Ring, 28 August 1989.

[384]Ibid.

[385]Ibid.

[386]Ibid.

[387]Ibid.

Families are also very needy; they lack liveable housing and a decent wages and benefits.[388]

Public Housing Availability: There are 1,255 units of public housing in Manchester. Roughly 400 are family units; the bulk are units for the elderly.[389] The general vacancy rate is 15% and according to housing officials is the result of an excess of private housing has been built in the area.[390] The average wait for public housing and Section 8 assistance is three to six months. The wait varies, however, by the size of the requested unit.[391]

Possible Solutions: There is a severe shortage of SRO housing for Manchester's homeless population. However, since 1980, the city has lost several hundred SRO units to fire, conversions, and public improvements.[392] Recently, more stringent compliance requirements have put more SROs in danger of closure.[393] Currently there is no plan for the development of more SRO units or for subsidizing the rent of existing units.

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[388]Ring, 28 August 1989.Ibid.

[389]Paul Lamie, Director of Housing, Manchester Housing Authority, telephone interview, 28 August 1989.

[390]Ibid.

[391]Ibid.

[392]CHAP, p. 1.

[393]Ibid., p. 2.

Miami, Florida

Population Characteristics: It is estimated that there are 15,000 people homeless in Miami.[394] The number of people requesting emergency shelter increased 20-25% over the past year.[395] The increase in families was even greater at 40%.[396] Approximately 40% of the homeless are members of families, while single individuals make-up the remaining 60%.[397] The percentage of homeless adults who are mentally ill has increased from an estimated 20% in 1987 to 40% today; substance abusers also make up around 40% of the homeless population.[398] From 30-40% of adults are employed full or part-time.[399] Veterans make up 40% of the adult population.[400]

Approximately 67% of Miami's homeless population are people of color: 55% are African-Americans; 12% are of Hispanic descent.[401] This latter figure represents a 100% increase in the percentage of

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[394]Beth Sackstein, Miami Coalition for Care to the Homeless, telephone interview, 30 August 1989.

[395]Comprehensive Homeless Assistance Plan, City of Miami, February 1989, p. 3.

[396]Ibid., p. 4.

[397]Dr. David Fike, School of Social Work, Barry University, telephone interview, 8 September 1989.

[398]Ibid.

[399]Ibid.

[400]CHAP, p. 2.

[401]Fike, 8 September 1989.

Hispanic homeless people attributable to the 1989 influx of 100,000 new Central American immigrants in Miami.[402]

Some 25% of the homeless in Miami are children. A full 80% of homeless families in Miami are headed by a single parent.[403]

Characteristics of Facilities: There are approximately 400 beds available to homeless people in Miami.[404] There has not been a significant increase in the number of shelter beds in Miami over the last year, though one shelter has reopened, and some emergency beds are now considered transitional. One advocate characterized the changes as "musical chairs" -- not the creation of new resources.[405] There are no shelters for intact homeless families, so families must break up in order to receive assistance.[406]

An additional 500 beds are opened to the homeless in the colder months,[407] which keeps the number of turnaways constant throughout the year despite the increased demand for shelter in winter.[408]

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[402]Sackstein, 30 August 1989; CHAP, pp. 1-2.

[403]Sackstein, 30 August 1989.

[404]Ibid.

[405]Ibid.

[406]Ibid.

[407]Fike, 8 September 1989.

[408]Sackstein, 30 August 1989.

Causes of Homelessness: Homelessness in Miami is caused primarily by the shortage of affordable housing.[409] Trends in city redevelopment have caused displacement from low-income housing. Furthermore, federal immigration policies, which prohibit illegal immigrants from securing employment, also contribute to homelessness in the city.[410] "There's nothing happening that will turn the situation around," said one expert on homelessness, indicating that the 20-25% yearly increase will continue.[411]

The Critically Needy: Several subgroups of Miami's homeless population are most in need of services. Substance abusers, for whom detoxification beds are in short supply, need more long-term options. Families suffer at the hands of an inadequate social services system and need coordinated services; the current "patchwork quilt" approach to service delivery must be eliminated.[412] The mentally ill, who compete for aid from the one facility in Miami for the homeless mentally ill, need more programs that concentrate on permanent housing.[413]

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[409]Sackstein, 30 August 1989.

[410]Ibid.

[411]Fike, 30 September 1989; CHAP, p. 3.

[412]Fike, 8 September 1989; Sackstein, 30 August 1989.

[413]Sackstein, 30 August 1989.

Another advocate remarked, "Miami's homeless people are all needy -- I don't know if there's a 'most'." He noted that existing shelter beds meet only 10% of the need in Miami.[414]

Immigrants and refugees have particular needs. Says Brother Jack Wald of Camillus House, "If you are from El Salvador or Guatemala and are homeless in Miami, you might as well go somewhere else." Immigrants need legal services, which would enable them to be apprised of their rights and receive assistance without fear of deportation. Drug treatment programs are needed that address the needs of various immigrant nationalities. Stringent identification card requirements must be eliminated from the shelters.[415]

Public Housing Availability: There are approximately 12,000 units of public housing in Miami. Between 70% and 80% of them are for families.[416] The vacancy rate, 4.5%, does not include units under rehabilitation, and is attributed to normal turnover.[417] "There are more people applying now than ever before," said one public housing employee.[418]

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[414]Fike, 30 August 1989.

[415]Brother Jack Wald, Camillus House, telephone interview, 30 August 1989.

[416]Gail Morris, Assistant to Director for Administration, Dade County Housing and Urban Development, telephone interview, 31 August 1989.

[417]Tawana Thompson, Office of the Director, Dade County Housing and Urban Development, telephone interview, 28 August 1989.

[418]Ibid.

The public housing waiting list currently holds 13,000 eligible applicants. Roughly 1000 of the 13,000 will be housed in the next year.[419] The average wait ranges from one to two years.[420] The family list is now closed. It was opened for two weeks in April, and more than 15,000 people applied for assistance.[421]

Possible Solutions: Advocates in Miami state that more housing, and particularly more SRO housing, has to be created to end the horror of homelessness in Miami.[422] More public housing units must be added to Miami's stock.[423] Camillus House, which provides health care to Miami's homeless, recently sponsored a 30-unit program for recovering alcoholics. Renovation costs for the 30 units totalled $800,000 -- "and it's a beautiful building."[424] As there is virtually no SRO housing in Miami, there is a great need for projects similar to the Camillus House program for singles and recovering substance abusers.

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[419]Morris, 31 August 1989.

[420]Ibid.

[421]Ibid.; Thompson, 28 August 1989.

[422]Sackstein, 30 August 1989.

[423]Fike, 8 September 1989.

[424]Sackstein, 30 August 1989.

Missoula, Montana

Population Characteristics: There are approximately 600-1,000 homeless persons in Missoula.[425] Over the last year, the total number of requests for emergency shelter increased by 45%, with requests by families escalating 100%.[426] Families with children constitute 25-50% of the homeless in Missoula; single men make up 30-35%, single women 10-12%, and unaccompanied youth make up 5%.[427] Approximately 20-25% of the homeless population have a chronic mental illness, 10-15% have a history of substance abuse, 25-35% are veterans, and 10% are employed in some capacity.[428] Of the total homeless population in Missoula, approximately 93% are white.[429]

Additionally, 6-7% of the estimated 2-3,000 Native Americans residing in Missoula are homeless.[430] The numbers of Native Americans that are homeless could be much higher, as there is a great deal of doubling and tripling-up.[431] Tribal affiliation of

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[425]Preston Rider, Salvation Army, telephone interview, 23 August 1989.

[426]Ibid.

[427]Census of the Salvation Army, cited by Rider, 23 August 1989.

[428]Ibid.

[429]Ibid.

[430]Bill Houchin, Missoula Indian/Alcohol Drug Services (MIADS), telephone interview, 21 August 1989.

[431]Ibid. One shelter provider stated that he currently has members of three different families living with him, and he is in the process of working with a fourth.

this sub-population varies between Blackfoot and Flatheads, as there is a reservation for each in commuting distance of Missoula. There is no single organization dealing with homeless Native Americans in Missoula.

The Missoula Indian Alcohol/Drug Services (MIADS) provides a wide range of services extending beyond rehabilitation work. It is estimated that 80% of the Native Americans in Missoula have a history of substance abuse.[432] This is a very loose definition since it encompasses those persons totally dysfunctional as well as children impacted by the substance abuse of family members.

Within the population of homeless families in Missoula there are equal numbers of single-parent and intact families.[433] Children account for at least 65% of the members of these families.[434]

Characteristics of Facilities: The number of emergency shelter beds in Missoula increased slightly over the last year.[435] Beds for homeless families remained constant, with transitional shelter increasing by a few units.[436] The Salvation Army is the principal shelter provider in Missoula, dealing with intact families as well

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[432]Houchin, 21 August 1989.

[433]Rider, 23 August 1989.

[434]Ibid. Houchin confirmed the 50-50 split of single-parent and two-parent families, but cautioned that when speaking of Native American family units, most have minimally 3-4 children.

[435]The YWCA in Missoula recently expanded its shelter project for homeless women. Primarily serving victims of spouse abuse, the facility has 5 bedrooms with a maximum capacity of 20, including cribs for infants when needed.

[436]Rider, 23 August 1989.

as homeless singles. They maintain one hundred vouchers through FEMA monies; 90% of these were issued to first-time visitors in FY88-89. The Poverello Center, run jointly by local religious groups, houses single homeless persons as well as providing hot meals. Along with the local YWCA, the Poverello Center is a referral location when the Salvation Army is experiencing a rush of requests. Despite the presence of three service providers in Missoula, there is still a small turnaway rate. Including the hotel/motel vouchers maintained by the Salvation Army, and the beds available at the smaller shelter providers, there are approximately 150 beds in Missoula that can be allocated to homeless families and individuals for emergency relief.

The Critically Needy: Homeless persons in Missoula most critically in need of services are veterans, families with children, and the mentally ill.[437] Citing a lack of counseling and referral programs, Preston Rider of the town's Salvation Army added that "veterans have no direct funding sources to increase their limited incomes." The same holds true for mentally ill persons requiring continual care. Families with children need transitional housing options, as well as permanent affordable housing.[438]

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[437]Rider, 23 August 1989.

[438]There is one detoxification program run by the local chapter of Alcoholics Anonymous. This is the only permanent transitional housing option in Missoula, with 10 residential units. Ann Kovis, Director of the Poverello Center, telephone interview, 23 August 1989.

Causes of Homelessness: A shortage of affordable housing, combined with underemployment, fosters the growth of the homeless population in Missoula. The Missoula County population is about 80,000; 10-15,000 are students at the nearby University of Montana. The county encompasses the City of Missoula, as well as several small satellite towns with populations of less than 2,000, all of which rely on shelter providers in Missoula for emergency assistance.

While there are small numbers of migrant farmworkers located in town, shelter providers are still worried about the institutionalization of homelessness in their society.[439]

> Most of the homeless people we deal with are transient -- mobile. Folks stay in Missoula in the summer while housing is freed up from the students' departure and then go on to Spokane, Washington in search of a better life.[440]

Supplemental Security Income (SSI) payments in Missoula average $227 a month and $68 in food stamps, while AFDC payments for a woman with one child are $400 a month at a maximum, with food stamps being included in that figure.[441] These low figures hold true for the Native American population in Missoula as well.

> Of all Native Americans living in Missoula, 95% have incomes below the poverty line.[442]

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[439]Kovis, 23 August 1989. The Poverello Center witnessed a significant increase in the number of migrant farmworkers during the summer, housing 44 in July of 1989. The workers were of Spanish-speaking descent, signalling both the arrival of a new ethnic group and worker class in Missoula.

[440]Rider, 23 August 1989.

[441]Ibid.

[442]Houchin, 23 August 1989.

The average income of Native American families in Missoula is $10-15,000 annually.[443] General assistance payments average $212 a month, $95 of which is in foodstamps. AFDC payments in the Native American community peak at $350-400 a month, depending on family size with food stamps included.[444] Rents in Missoula are substantially higher than these payment levels, with dilapidated one and two bedroom apartments costing at a minimum $300 a month.[445]

Public Housing Availability: The Missoula Housing Authority maintains 215 conventional public housing units.[446] Of these units, 50 are earmarked for disabled and/or elderly clients.[447] There are currently 20 vacancies, stemming from the acquisition of a 30-unit building that has not yet been filled to capacity.[448] Additionally, there are 195 Section 8 vouchers maintained by the Missoula Housing Authority. The Human Resources Development Council (HRDC) in

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[443]Houchin, 21 August 1989. These figures are based on a 5-6 person family.

[444]Ibid.

[445]Kovis, 23 August 1989.

[446]Steven Teifel, Missoula Housing Authority, telephone interview, 17 August 1989.

[447]Ibid.

[448]Ibid.

Missoula administers 320 Section 8 units.[449] Approximately 10 of these units are vacant, primarily due to their location and size.[450]

The number of requests for assisted housing increased by approximately 12%, despite one hundred names coming off the rolls last year.[451] Some seventy-five new names were added as of July 1989, leaving the waiting list about the same. Waiting time can vary from a few months to a few years depending on the size of the unit.[452] Section 8 waiting time is substantially longer, averaging a year wait. There are currently 300 names without a HUD preference classification on the waiting list and their time before assistance will be longer.[453] Both the Missoula Housing Authority and HRDC are still taking applications, and it is estimated that they serve approximately 16% of the eligible low-income population.[454]

Possible Solutions: Shelter providers all agree that higher government assistance levels are critical for the existing homeless population who are receiving some type of federal outlay.[455] There

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[449]Louis Colpa, Human Resources Development Council, telephone interview, 17 August 1989.

[450]Ibid. The downtown area, where these units are located, is considered an undesirable neighborhood. Furthermore, the small size of these units lessened their chances of being filled quickly.

[451]Teifel, 17 August 1989.

[452]Ibid.

[453]Colpa, 17 August 1989.

[454]Ibid.; Teifel, 17 August 1989.

[455]Kovis, 23 August 1989.

is a need for affordable housing construction and rehabilitation work throughout Missoula County. There are a few SRO's left in town, some of which have been converted to Section 8 housing.[456] There are no non-profit housing developers in Missoula at this time, leaving a critical void in affordable housing production options in the absence of further government assistance to the county.

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[456]Kovis, 23 August 1989.

Nashville, Tennessee

Population Characteristics: The Nashville Coalition for the Homeless counted 995 homeless people on the streets and in shelters on June 14, 1989.[457] A very conservative estimate of the homeless in Nashville is 1,200;[458] general estimates of the population range from 1,500-2,000.[459] The June count represented a 25.7% increase in the number counted in June 1988.[460] The number of homeless families, on the other hand, has remained relatively stable in the past two years.[461]

Approximately 11% of the homeless population are families. Of all homeless families, 60% are headed by two parents.[462] Single men and women make up 86% of the population. Roughly 2% of the homeless are unaccompanied youth.[463]

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[457]Nashville Coalition for the Homeless, June 14, 1989 Enumeration of Nashville's Homeless Population (June 1989), p. 1. The Nashville Coalition has conducted 12 enumerations of the homeless population since December 1983. Coalition members and volunteers search the downtown area between the hours of 3:30-5:30 a.m. and count homeless persons outdoors. Shelter information is provided by shelter administrators and supervisors.

[458]Kate Monaghan, Nashville Coalition for the Homeless, telephone interview, 5 September 1989.

[459]Comprehensive Homeless Assistance Plan, City of Nashville, February 1989, p. 1.

[460]Ibid.

[461]Nashville Coalition, Enumeration, p. 2.

[462]Monaghan, 5 September 1989.

[463]CHAP, p. 2.

Between 25-30% of the homeless suffer from mental illness. A full 40% are substance abusers. It is estimated that 30% are employed either full or part-time.[464] The percentage of African-Americans among Nashville's homeless has increased from 19.5% in June 1986 to 31% in the June 1989 enumeration.[465] The total homeless population is generally constant year around.[466]

Characteristics of Facilities: While the number of emergency shelter beds generally increases in the winter, the number of year-round beds for the homeless in Nashville has not increased over the last year, remaining constant at 950.[467] The number of family beds has not increased either.[468] Due to a decrease in funding, four of the city's transitional beds were lost over the last year.[469]

According to the city's Comprehensive Homeless Assistance Plan (CHAP), there are 670 beds available for single homeless males in Nashville, meaning that there are beds for only 79% of the needy in this sub-population.[470] There are fewer turnaways in winter

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[464]Monaghan, 5 September 1989.

[465]African-Americans made up 23% of the general population of Nashville/Davidson County. Nashville Coalition, Enumeration, p. 2.

[466]Monaghan, 5 September 1989.

[467]Ibid. According to the Mayors Report, the number of shelter beds increased by an unspecified amount. U.S. Conference of Mayors, Status Report 1988, p. 42.

[468]Ibid.

[469]Ibid.

[470]CHAP, p. 3.

since extra beds are provided through the "Room in the Inn" program.[471]

Causes of Homelessness: The lack of affordable housing is cited as the main cause of homelessness in Nashville by both advocates and city officials.[472] The average cost of a one bedroom apartment has risen to $360; however, the average hourly wage of residents has remained constant at $4.00 making these rents unaffordable.[473] Other causes of homelessness in Nashville include unemployment and other employment-related problems and inadequate services for mentally ill people and substance abusers.[474] Given the lack of any new policies, homelessness in Nashville is expected to increase over the next year.[475]

The Critically Needy: Single adults are among Nashville's most needy homeless, as housing for singles is in extremely short supply.[476] More than 1,680 units of SRO housing were lost in

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[471]Monaghan, 5 September 1989.

[472]Ibid.; U.S. Conference of Mayors, Status Report 1988, p. 40.

[473]Ibid.

[474]U.S. Conference of Mayors, Status Report 1988, pp. 40-41; Monaghan, 5 September 1989.

[475]According to the Mayors Report, "...respondents find nothing ... which would lead them to expect dramatic social changes which would result in a decrease in homelessness." U.S. Conference of Mayors, Status Report 1988, p. 58.

[476]Monaghan, 5 September 1989.

Nashville between 1970 and 1985, leaving only 15 units in the city.[477]

The severely mentally ill are also in dire need of services, specifically supervised care facilities, psychiatric care, and supported living environments.[478] Families are also considered to be especially needy given the shortage of emergency shelter beds for families.[479]

Public Housing Availability: There are approximately 6,300 public housing units in Nashville.[480] As of late August 1989, there were 100 vacancies, (not including units under rehabilitation), which represents a reduction in the number of vacancies over the last year.[481] According to public housing officials, the primary cause of unit vacancy is normal turnover.[482] Requests for public housing assistance have increased over the last year at an unspecified rate.[483]

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[477]Kate Monaghan, Regional Report to the Board of Directors, National Coalition for the Homeless (1989), p. 1.

[478]U.S. Conference of Mayors, Status Report 1988, p. 56; Monaghan, 5 September 1989.

[479]U.S. Conference of Mayors, Status Report 1988, p. 55.

[480]Nell McKerley, Director of Community Services, Metropolitan Development and Housing Agency, telephone interview, 29 August 1989.

[481]Ibid.

[482]Ibid.

[483]Ibid.

The waiting list for the city's 2,400 Section 8 certificates is closed and has been since October 1987.[484] The public housing waiting list is open and currently holds 540 names, almost 50% the applicants are waiting for two bedroom apartments.[485] The wait for housing varies from a few months to 2 years.[486] Approximately 41% of eligible low-income households in Nashville receive housing assistance.[487]

Possible Solutions: Nashville's greatest housing need is for SRO housing for single adults. The Nashville Coalition for the Homeless reported in November 1988 that there was a market for at least 260 low-income units of SRO housing.[488] However, a recent $3.9 million proposal for a 100-unit, new SRO project was rejected by the city.[489] It was estimated that units would cost $40,000 each. In light of the fact that Nashville contributes $135,000 yearly for the homeless, the SRO project seem much more expensive.[490]

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[484]Task Force on Affordable Housing, Final Report of the Task Force on Affordable Housing (Nashville: City of Nashville, 1989), Attachment 1.

[485]McKerley, 29 August 1989.

[486]Ibid.

[487]Task Force on Affordable Housing, Final Report, p. 1.

[488]CHAP, p. 9.

[489]Regional Report, p. 1.

[490]Monaghan, 5 September 1989.

Singles need SRO housing. Families need transitional housing and permanent housing. As Kate Monaghan of the Nashville Coalition put it, "We can't continue to perpetuate the shelter system. We need permanent housing."[491]

[491]Monaghan, 5 September 1989.

Newark, New Jersey

Population Characteristics: Advocates estimate that there are 16,000 homeless and ill-housed people in Newark. The number is increasing each year, with the greatest increase occurring among families.[492] Approximately 50% of Newark's homeless are families; 40% are individuals, and 10% are unaccompanied youth.[493] Between 25-27% suffer from mental illness. Approximately 33% are substance abusers -- and the numbers are growing. More and more employed people are showing up on the streets than ever before.[494]

People of color, predominantly African-Americans, make up 90% of the homeless population in Newark.[495] Roughly 95% of Newark's homeless families are headed by a single parent.[496]

Characteristics of Facilities: There are approximately 600 shelter beds in Newark.[497] While there has been little or no increase in the number of available beds over the last year, the city and county now place homeless people -- both singles and families -- in welfare hotels.[498]

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[492]Victor DeLuca, Newark Coalition for Low-Income Housing. telephone interview, 24 August 1989.

[493]Almeda Fant, Project Director, Newark Homeless Health Care, Department of Human Services, City of Newark, 28 August 1989.

[494]Ibid.

[495]Newark Coalition for Low Income Housing, et al. v. Newark Redevelopment and Housing Authority, et al., Civ. Action 89-1303 (DRD), Plaintiffs Brief, p. 3.

[496]DeLuca, 25 August 1989.

[497]Comprehensive Homeless Assistance Plan, City of Newark, February 1989, p. 4.

[498]DeLuca, 25 August 1989.

Approximately 450-500 families live in welfare hotels in Essex County,[499] in addition to the families living in the city's three family shelters.[500]

Despite the availability of motel placements, however, Newark has a tremendous unmet need, particularly for family shelter. Each day, approximately 35-40 families are turned away from the YMCA's 100-bed facility.[501] Turnaways increase during the winter months.[502] A transitional housing facility is currently under construction in Newark and will serve 100 families.[503]

Causes of Homelessness: According to advocates, the lack of affordable housing is the primary cause of homelessness in Newark.[504] Benefit levels for individuals and families are not high enough to cover the cost of living.[505]

The Critically Needy: As is evident from the high proportion of homeless families and the large number of daily family turnaways, families are considered among the most needy sub-populations in Newark. Their primary needs are affordable housing, child care, and job

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[499]Coalition v. Housing Authority, Brief, p. 14.

[500]CHAP, p. 4.

[501]Fant, 28 August 1989.

[502]Ibid.

[503]DeLuca, 25 August 1989.

[504]Ibid.; Fant, 28 August 1989.

[505]DeLuca, 25 August 1989.

training.[506] Single individuals also lack access to affordable housing. Currently 120 SRO beds in rooming houses that previously served as permanent housing are being used as emergency shelter for single homeless adults.[507] This population is also in need of training and education programs.[508]

Public Housing Availability: Plaintiffs in a recent lawsuit challenging the demolition of thousands of Newark's public housing units reached an agreement with the housing authority that 1,500 of the 5,000 units that were slated for demolition will be replaced by new units.[509] Four buildings were demolished before the settlement was reached.[510]

There are roughly 13,000 public housing units in Newark. Almost 9,000 of them are family units, spread out over twenty-two developments.[511] The vacancy rate, which includes units up for demolition, is 35%.[512] In March 1989, 4,300 units were vacant;

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[506]DeLuca, 25 August 1989. Fant, 28 August 1989.

[507]DeLuca, 25 August 1989.

[508]Ibid.

[509]Ibid.

[510]Anthony DePalma, "Newark Agrees to Curb Razing of City Housing," New York Times, 18 August 1989, p. B2.

[511]Valita Sellers-Alvin, Public Information Officer, Newark Housing Authority, telephone interview, 30 August 1989.

[512]Ibid.

1,400 of them were habitable.[513] The primary cause of unit vacancy is, according to public housing officials, rehabilitation.[514]

While officials state that the number of requests for public housing did not increase over the last year, advocates feel that there is a disincentive to apply, as prospective applicants realize that their chances of being placed in a unit are slim.[515] The waiting list for public housing in Newark currently holds 7000 families.[516] There are people on the waiting list who have been waiting since 1986, when the list held 13,000 people.[517],[518] One out of every three residents of Newark lives in public housing.[519] The per capita income of the city is $4,525 yearly.[520] Only 25% of those eligible for low-income housing assistance in Newark actually receive it.[521]

Possible Solutions: There is a great need for additional public housing units for families and SRO housing for singles in Newark at the present time. Unfortunately there is no indication that such housing is being developed.

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[513] Coalition v. Housing Authority, Complaint, filed March 28, 1989, p. 2.

[514] Sellers-Alvin, 30 August 1989.

[515] DeLuca, 25 August 1989.

[516] Sellers-Alvin, 30 August 1989.

[517] DeLuca, 25 August 1989.

[518] Coalition v. Housing Authority, Brief, p. 3.

[519] "Court Settlement Clears Way for Newark to Raze 8 High-Rises, Build Anew," Newark Star-Ledger, 17 August 1989.

[520] CHAP, p. 1.

[521] Newark Coalition for Low-Income Housing, Fact Sheet (1988).

New Orleans, Louisiana

Population Characteristics: It is estimated that there are 9,000 to 12,000 homeless persons in New Orleans.[522] Requests for emergency shelter by both families and individuals have increased significantly -- annual increases for 1987-1989 have been at least 16%.[523] New Orleans' homeless population is characterized by a disproportionate number of men, who makeup 60% of those homeless.[524] Families with children are at least 25% of the total, with single women accounting for 10%.[525] Most shelter providers in New Orleans deal with exclusively adult populations, thereby making it difficult to pin-point an exact figure for the number of homeless youth. Estimates of this population run as high as 30%.[526] A new, disturbing trend in the requests for emergency shelter signals the growth of a homeless elderly population within the city. It is too soon to tell what the impact of this new group of homeless Americans will be on the already-taxed shelter system in New Orleans.

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[522]Jackie Harris, Multi-Service Center for the Homeless, telephone interview, 22 August 1989.

[523]According to the Conference of Mayors, there was a 16% increase in homeless individuals and a 13% increase in homeless families in New Orleans during 1987-1988. U.S. Conference of Mayors, Status Report 1988, p. 62. Harris (22 August 1989) stated that there has been a continuous increase over the last year.

[524]Harris, 22 August 1989.

[525]Ibid.

[526]Ibid. Covenant House, the primary shelter for homeless youth under age 18 in New Orleans, estimated that 29.4% of the city's homeless are youth.

The major problem associated with homelessness in the city is the proportion of persons with a history of substance abuse (65%), as well as those with a chronic mental illness (30-40%).[527] African-Americans compose 50% of the city's homeless population, 10% of whom may be Spanish-speaking persons of African descent.[528] The majority of homeless families are headed by single parents (95%), with the majority of the members of these families being children (66%).[529] Shelter providers report that in the last year, the number of women and children requesting emergency shelter increased the most during the spring and summer.

Characteristics of Facilities: There are a total of 630 beds available to homeless persons in the city. Emergency shelter beds for homeless families amount to one building containing 30 units; this inventory remained constant over the last year, while the number of transitional facilities decreased dramatically, as two projects were not refunded for FY90.[530] Reports vary as to how many persons have an unmet need for emergency shelter in New Orleans; most estimates run in the high hundreds of persons being turned

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[527]Harris, 22 August 1989.

[528]Ibid. Estimates provided by daily census reports from both the Health Clinic for the Homeless Project and the Multi-Service Center.

[529]Ibid. Migrant farmworker families both living in New Orleans or just passing through have higher incidences of two-parent families than the city's urban homeless population.

[530]Ibid.

away on any given day. Again, the numbers increase during the winter months.[531]

The City of New Orleans runs a "Freeze Plan" during the winter allowing "free-stay" in shelters. Usually, shelters in New Orleans cost $3-5 per night, with only one shelter operating free at all times.[532] Transitional spaces are highly coveted, as the current waiting list for these spaces is very long. It is quite common for the city government to buy vouchers for people to stay in shelters due to the length of public waiting lists.[533]

Causes of Homelessness: When asked about the main causes of homelessness in the city, Jackie Harris, Director of the Multi-Service Center for the Homeless, cited underemployment as a factor running side-by-side with a lack of standardized, low-cost housing. Public assistance benefits do little to ameliorate the problem of homelessness. AFDC payments for a single mother with one child average $138 a month; with two children payments are boosted slightly to an average of $190 a month.[534]

The Critically Needy: Homeless persons in New Orleans are particularly lacking in critical emergency services. There are

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[531]According to the Mayors Conference, 11% of the requests for emergency shelter go unmet within the city. U.S. Conference of Mayors, Status Report 1988, p. 62. Harris (22 August 1989) stated that most shelters are at capacity daily.

[532]Ozanam Shelter has 76 beds and gives 7 nights free. Harris, 22 August 1989.

[533]Ibid.

[534]Ibid.

fewer than 50 emergency beds for intact families, and no supportive care housing for persons with a history of substance abuse or mental illness.[535] Given the current cost of housing in New Orleans, and the persistence of underemployment, it is expected that requests for emergency shelter will continue to increase during 1990.

Public Housing Availability: There are 13,500 conventional public housing units in New Orleans, 13% of which are currently vacant.[536] Primary causes of unit vacancy are condemnation (60%), extensive damage (20%), and rehabilitation, (20%).[537] Although requests for public housing assistance increased by 15% during the last year, the city is still taking applications.[538] The length of wait for a unit varies according to bedroom size: efficiencies and 1-bedroom units, (in older high-rise buildings), have the shortest wait time, while 3-4 bedroom units average a four to six month wait.[539]

In addition to conventional units, the housing authority maintains 3,135 Section 8 certificates and 470 Section 8 vouchers.[540] Requests for Section 8 placements increased greatly,

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[535]Harris, 22 August 1989.

[536]Teresa Richards, Management Department, Housing Authority of New Orleans, telephone interview, 22 August 1989.

[537]Ibid.

[538]Celina Carter, Tenant Selection Department, Housing Authority of New Orleans, telephone interview, 22 August 1989.

[539]Ibid.

[540]Rolena Williams, Section 8 Department, Housing Authority of New Orleans, telephone interview, 22 August 1989.

causing an already long waiting list to grow to even longer. Minimum average wait time for a Section 8 placement is two years for a studio to 2-bedroom unit; 3-4 bedroom units require an average wait of five to six years.[541] The Section 8 department has stopped accepting applications at this time, as there are 6,000 applications in their office waiting to be processed and go on the rolls.[542] Of the approximately 55,000 low-income households eligible for public housing, the City Housing Authority of New Orleans can only accommodate 24.5% of the demand.[543]

Possible Solutions: In order to solve homelessness in New Orleans, a combination of job training positions and affordable housing must be created. Shelter providers advocate a combination of SRO's and single-family, multi-bedroom homes, to end the affordable housing crunch in the city. The majority of SRO's in the city were wiped out in the last twenty years.[544] Of the existing vacant SRO's, only 2 buildings are functional. Hope House created a successful 3-unit building through a $1 lease from H.U.D., but to date there have been very few non-profit initiatives in the area of permanent affordable housing.

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[541]Ibid.

[542]Ibid.

[543]Carter, 22 August 1989.

[544]Most SRO's were located in the 2-3 block radius of St. Charles Avenue, near the park, in downtown New Orleans. This area is the site of extensive revitalization efforts. Harris, 22 August 1989.

New York City, New York

Population Characteristics: Approximately 70,000 to 90,000 people are homeless in New York City.[545] While the overall numbers of persons requesting emergency shelter remained constant, requests for emergency shelter specifically by families decreased slightly.[546] Although this population is often characterized as having a disproportionate number of families with children (62.2%), shelter providers dispute this figure, citing substantial populations of single homeless persons (males, 44%, females, 6%). Coupled with these persons are an alarmingly large percentage of homeless minors, (25%).[547] African-Americans and Hispanics are disproportionately represented among the homeless population, constituting 90% of the persons residing in city shelters, while representing only 35-40% of the city's total population.[548] Single-parent households account for 90% of all homeless families within

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[545]Keith Summa, Coalition for the Homeless, 21 August 1989.

[546]Ibid., citing City of New York, Emergency Assistance Units' Monthly Report, June 1988-June 1989.

[547] The Mayors Conference reports that 62.2% of New York City's homeless population is made up of families with children. U.S. Conference of Mayors, Status Report 1988, p. 62. Summa stated that this popular misconception has lead to a decrease in attention on affordable housing suited to single persons. Summa, 21 August 1989.

[548]Ibid., citing Elmer Struening, A Study of the Residents of the New York City Shelter System (New York: New York State Psychiatric Institute, 1987).

the city, while 70% of the members of these families are children.[549]

The homeless population of New York City is plagued by other problems as well. It is estimated that 22% of the entire population has a severe mental illness.[550] Approximately 30% of the adult population has some history of substance abuse and 32% are veterans -- 2% of whom are female.[551] Over a quarter (28.5%) of the adult single population is employed either part or full-time, demonstrating the impact of underemployment as a factor greatly increasing the ranks of the homeless in New York City.[552] Last year, homeless families requesting shelter tended to increase during the fall, while the singles populations grew dramatically in February.[553]

Characteristics of Facilities: The number of public shelter beds remained constant during the last year in the City of New York.[554] Private beds increased by approximately 200.[555] The average number

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[549]Janice Molnar, Ph.D., Home is Where the Heart Is: The Crisis of Homeless Children and Families in New York City (New York: Bank Street College of Education, 1988), data aggregated from pp. x, 13.

[550]U.S. Conference of Mayors, Status Report 1988, p. 62.

[551]Summa, 21 August 1989.

[552]U.S. Conference of Mayors, Status Report 1988, p. 62.

[553]Summa, 21 August 1989.

[554]New York City has a right-to-shelter law allowing anyone requesting shelter to be accommodated. Therefore, in seasons of high demand, the number of beds goes up accordingly.

[555]Summa, 21 August 1989.

of beds available to homeless individuals and families is 9,690, peaking at 11,100. With the addition of some 1700 private emergency and/or transitional beds for homeless singles, maximum spaces peak around 12,500.[556]

Causes of Homelessness: The main cause of homelessness in New York City is a shortage of affordable housing, resulting in a significant number of persons doubled or tripled-up: estimates reach as high as 100,000 families living in such overcrowded circumstances.[557]

The Critically Needy: The three groups of homeless persons most critically in need of emergency assistance in New York City are homeless youth, homeless singles, and those homeless persons with a history of substance abuse or mental illness. Homeless youth need shelter and supportive counseling, while the homeless mentally ill need acute care facilities and substance abusers need treatment on demand. Keith Summa of the Coalition for the Homeless noted a special concern for the needs of homeless singles, stating that in the midst of increased media attention on homeless intact families, their special needs, (affordable housing combined with household management training), were being forgotten.

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[556]Summa, 21 August 1989, citing Nightly Census FY89 (New York City: City of New York, 1989).

[557]Coalition for the Homeless, Ending Homelessness in New York City: A Mayoral Program (New York: Coalition for the Homeless, 1989), p. 2.

Based on current housing production rates, and the continued rise in the cost of housing in New York City, Summa felt that requests for emergency shelter would increase in 1990.

Public Housing Availability: The NYC Housing Authority maintains 178,950 conventional units of public housing and 42,290 Section 8 certificates and vouchers.[558] There are no vacancies at this time. Requests are constantly increasing, with approximately 200,000 names on the waiting list. It is currently estimated that the NYC Public Housing Authority serves only 30% of all eligible low-income households, furthering the need for more affordable housing in the city.

Possible Solutions: The task of solving homelessness in New York City is complex, as there is a need for supportive services as well as affordable housing. Community residences equipped to deal with the mentally ill, supportive housing for homeless persons with AIDS, a need for higher public assistance grants, and a minimum of 10,000 job training slots have all been cited as co-requisites of affordable housing.[559]

SRO's are the most effective way of increasing the supply of affordable housing for the homeless singles population. Currently, there are 52,000 SRO units left in New York City; 100,000 have been

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[558]All information in the public housing authority assessment was provided by Valentine Coleman, Office of Public Information, NYC Housing Authority, telephone interview, 21 August 1989.

[559]Summa, 21 August 1989.

demolished from the mid-1970's to the present.[560] Due to the problem of warehousing, 8.8% of the existing units are vacant, yet ready to be lived in after varying degrees of rehabilitation work. Of the 92.2% currently occupied, 90% are sub-standard.[561]

Rehabilitation costs in the city vary according to the type of structure and number of units. The average cost of projects that have been undertaken by non-profits in New York City ranges from $27,000 per unit for SRO's to $65,000 for family-sized apartments.[562] These projects have offered a cost-effective way of refurbishing older housing in the city despite escalating housing costs.

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[560]Summa, 21 August 1989.

[561]Ibid., citing Coalition for the Homeless, Single Room Occupancy Hotels: Standing in the Way of the Gentry (New York: Coalition for the Homeless, 1985).

[562]Cost estimates on non-profit housing developments in New York City furnished by the Pratt Institute Center for Community and Environmental Development, Pratt Architectural Collaborative.

Phoenix, Arizona

Population Characteristics: Shelter providers currently estimate that 6,000 persons are homeless in Phoenix.[563] However, the mayor of Phoenix often estimates 9,000 in his speeches.[564] In 1988, the total number of homeless persons increased 5% from the previous year, homeless families increasing by 60%.[565] Advocates state that there has recently been an additional 15% increase of the total population, with families increasing by 40% -- signalling a doubling of this population in the last two years.[566] It is estimated that families constitute 25% of Phoenix's homeless population; single men account for 60%.[567]

Severely mentally ill persons and substance abusers are each estimated to make up 20% of the single homeless population, with employed persons encompassing 35% of the total population.[568] Approximately 38% of Phoenix's homeless population are persons of color -- 17% are Hispanic, 12% Native American, and 9% African-American.[569]

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[563]Louisa Stark, Phoenix Consortium for the Homeless, telephone interview, 31 August 1989.

[564]Ibid.

[565]U.S. Conference of Mayors, Status Report 1988, p. 62.

[566]Stark, 31 August 1989.

[567]Ibid.

[568]Ibid.

[569]Karl Brown, Steve MacFarlane, Ron Paredes, and Louisa Stark, The Homeless of Phoenix: Who are they? And what should be done?, 2nd ed. (Tempe: University of Arizona Press, 1988).

Single-parent families account for 66% of the homeless families in Phoenix, and 66% of the members of those families are children.[570]

A common myth about homelessness in Phoenix is that the problem is exacerbated during the winter. In reality, summer brings a decrease in the number of singles seeking emergency shelter, while families increase in number dramatically. Due to the excessively hot summer, utility bills increase because of cooling units draining the family budget. The ultimate financial impact of this situation can be eviction.[571]

Characteristics of Facilities: The total number of emergency shelter beds increased by 20% over the last year, with beds for families increasing by 40%.[572] Transitional housing units increased by 62.5%, bringing the total number of beds available to homeless individuals and families to 1020.[573] Based on approximately 3,000 requests for shelter on any given day, 66% of all individuals and 83% of all families have an unmet need.[574]

The Critically Needy: Most in need of emergency services in Phoenix are homeless families with children, the mentally ill, and substance abusers.[575] A full range of emergency services, including food, shelter and education are needed for all three of these populations, while

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[570]Stark, 31 August 1989.

[571]Ibid.

[572]Ibid.

[573]Ibid.

[574]Ibid.

[575]Ibid.

crisis stabilization counseling is needed for the mentally ill and substance abusers. More detoxification programs are needed.[576]

Causes of Homelessness: The main cause of homelessness in Phoenix is a shortage of affordable housing.[577] Feeding this problem is persistent underemployment and a lack of services for the chronically mentally ill.

> Phoenix is having an economic downturn. In addition to the permanent homeless population, there were 1,300 HUD foreclosures this month and many "migrating" homeless arriving in town -- all requesting aid.[578]

Shelter providers feel that these factors will lead to increasing homelessness in 1990. Phoenix's economy is service-based; minimum wage work in hotels and restaurants predominates. Other employment opportunities are highly-skilled positions -- defense technology and communications. This polarization in the local job market leaves many either underemployed or unemployed.

Public Housing Availability: The Phoenix Housing Authority maintains approximately 2,635 conventional units and 2,900-3,000 Section 8 certificates and vouchers.[579] Of those units, 635 are earmarked for the elderly. There are currently no vacancies in any housing authority property.[580] While no hard data are available to evaluate any increasing

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[576]Stark, 31 August 1989.

[577]Ibid.

[578]Ibid.

[579]David Hicks, Phoenix Housing Authority, telephone interview, 21 August 1989.

[580]Ibid.

demand for public housing, public housing officials state that the waiting list for families is closed due to its excessive length.[581] They are still accepting applications for 1-bedroom units.

Waiting time varies according to the size of the unit requested. Currently, requests for 1-bedroom units average a six to eight month waiting period. Requests for 3-4 bedrooms go unmet for three to four years. Additionally, the waiting time for a single family home -- the most requested housing -- is a minimum of three to four years.[582] Public housing officials estimate that the public housing authority serves 15% of all eligible families and 35% of all eligible elderly persons.[583]

Possible Solutions: More affordable housing is needed in Phoenix to effectively combat the city's homeless problem, according to service providers.[584] Citing a shortage of SRO housing, non-profit developers state that in a two year period in the early 1980s, 1,000 SRO units were lost.[585] From 1970-1985, an estimated 1,800-2,000 units in thirty-seven buildings were lost.[586] There are no vacant SRO units at this time.

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[581]Hicks, 21 August 1989.

[582]Ibid.

[583]Ibid. These estimates are from 1987, the last time the housing authority undertook a study of this issue.

[584]Stark, 31 August 1989.

[585]Norma Turner, Arizona Community Housing Partnership, Inc, telephone interview, 21 August 1989, citing the City of Phoenix Record of Conversion/New Construction Activity for 1980-1982.

[586]Louisa Stark, The Demise of SRO Hotels in Phoenix (Tempe: Arizona State University Press, 1985).

Both shelter providers and advocates agree that SRO's would be a viable alternative for single homeless persons and couples with no children.[587] Rehabilitation work in this area has shown it to be substantially less costly than new construction averaging only $70 per square foot.[588] Historic buildings cost slightly more, averaging $85-90 per square foot, while work done outside the Phoenix metropolitan area costs approximately $60 per square foot.[589]

Louisa Stark, Director of the Phoenix Consortium for the Homeless, stated that "both a federal and local commitment to affordable housing is necessary to solve the homeless crisis in the country." "Affordable housing," she added, "is needed for the poorest of the poor in this country -- not the $20,000 and up income level." Single family homes could be added to Phoenix's affordable housing stock through rehabilitation work on numerous deteriorating large homes in the city. Advocates felt these buildings would be prime candidates for shared units, thereby decreasing the sizeable utility bills incurred in the summer.[590] A comprehensive approach, utilizing rehabilitation efforts on the city's deteriorating supply of affordable housing, is necessary to reduce the increasing number of requests for emergency shelter.

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[587]Stark, 31 August 1989; Turner, 21 August 1989.

[588]These costs are drawn from the budget of 31-unit SRO rehabilitation project for women done by the Housing Partnership. Turner, 21 August 1989.

[589]Ibid.

[590]Stark, 31 August 1989.

Pittsburgh, Pennsylvania

Population Characteristics: Approximately 3-4,000 persons are homeless in Pittsburgh.[591] Based on turnaway statistics at area shelters, the number of individuals and families requesting shelter has increased over the last year. Pittsburgh's homeless population is overwhelmingly made up of homeless men who account for 60% of the total population. Single women (25%) and families (15%) make up the balance of the population. Pittsburgh's homeless are plagued by additional problems; 15-20% have some history of mental illness and 30% have a history of substance abuse. Approximately 33% of the homeless are veterans and 10-15% of this total sub-population is employed full or part-time.[592]

Approximately 50% of the city's homeless are African-American and young -- aged 18-30.[593] Shelter providers cited high rates of unemployment fostering homeless. While some members of this group are receiving public assistance, grants are very low, averaging $195 a month.[594] Unemployment assistance is usually discontinued after 3 months; this fosters the disproportionate representation of young adults unemployment among the homeless.

Single-parent families are predominant within the homeless population 90%, and it is estimated that 70% of the members of

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[591]Phil Pappas, Community Human Services, telephone interview, 17 August 1989.

[592]Ibid.

[593]Ibid.

[594]Ibid.

those families are children.[595] In recent years, shelter providers have observed an increase in the homeless population in the summer months, contradicting popular media images that focus on homelessness as a cold-weather problem.

Characteristics of Facilities: Emergency shelter beds in Pittsburgh declined slightly last year as some were converted to SRO units.[596] The number of emergency shelter beds specifically for homeless families increased by 50%, as several small facilities opened.[597] Transitional housing units remained constant at 110 beds. In total, there are approximately 825 beds available to homeless individuals and families seeking shelter in Pittsburgh.[598] Shelter providers estimate that, on any given day, 20-25% of the requests for emergency assistance are unmet.

The Critically Needy: The three groups of homeless people most desperately in need of assistance in Pittsburgh are families with children, unaccompanied youth, and single women.[599] There is a special need for rehabilitative services for homeless women and children while the mothers are in rehabilitation; a lack of daycare and educational opportunities for children is a prominent

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[595]Pappas, 17 August 1989.

[596]Ibid.

[597]Ibid. Prior to the creation of these new options for homeless families, the local Salvation Army was the only shelter serving families, with 10-12 beds.

[598]Ibid.

[599]Ibid.

concern of homeless advocates. Job training and supportive services are critically lacking for these groups.

Causes of Homelessness: The main cause of homelessness in Pittsburgh is a lack of affordable housing. Phil Pappas of Community Human Services stated that a direct co-requisite was a lack of supportive services and treatment programs for the mentally ill and those with a history of substance abuse. "The persistence of underemployment", he stated, "has led us [local shelter providers] to expect to see continued increases into the next year."

Public Housing Availability: There are 9,600 conventional public housing units in the city of Pittsburgh.[600] Of these units, 945 are vacant, primarily due to their location. Public housing authority officials stated that the units were in "bad neighborhoods" and were of "insufficient size -- 2-3 bedrooms" to make them desirable to applicants.[601] During the last year, requests for public housing in the city decreased slightly. Minimum wait time for a unit is currently one year.[602] The public housing authority is no longer accepting applications for assisted housing. It is estimated that

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[600]Marcia Wright, Housing Authority, City of Pittsburgh, telephone interview, 17 August 1989.

[601]Ibid.

[602]Ibid.

the agency serves 40% of the eligible low-income households in Pittsburgh.[603]

Possible Solutions: When asked what would solve the problem of homelessness in Pittsburgh, one advocate stated "better training programs, better employment opportunities, and more affordable housing." Also suggested were SRO's, as a good alternative for single homeless and low-income individuals, as well as more supportive housing for families with children, citing a need to incorporate daycare facilities with affordable multi-room housing.

There are currently 450 SRO units left in Pittsburgh, located in "3-4 buildings that are reputable."[604] While many SRO's in the city are in a state of disrepair, shelter providers are currently monitoring the loss of single family homes. It is estimated that 60-100 units are in disrepair, and the city government cites high incidences of doubling-up.[605] Estimated rehabilitation costs are $35-40 per square foot, based on houses encompassing approximately 1,100-1,600 square feet. These estimates are "below market rate" construction cost estimates, emphasizing the importance of cooperative efforts with unionized labor in the home-building industry.[606]

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[603]Florence Arrington, Operations Division, Pittsburgh Housing Authority, telephone interview, 23 August 1989.

[604]Pappas, 17 August 1989.

[605]Ibid.

[606]Ibid. Figures drawn from the rehabilitation costs incurred by a local YWCA housing project.

Portland, Maine

Population Characteristics: There are at least 250-350 persons who are homeless in Portland.[607] The number of persons requesting emergency shelter has increased 100% over the last two years, with the number of families requesting shelter doubling over the past year.[608] The homeless population in Portland is disproportionately made up of single men; they are estimated to be 60-80% of the total. Families represent 25% and homeless youth under age 18 account for 10-20%.

Shelter providers note that the number of single women among the ranks of the homeless in the city is growing.[609] No hard data are available on the number of veterans; it is estimated that up to 40% of the homeless population are substance abusers, with severely mentally ill persons accounting for 33%.[610] About 25% of the homeless are employed.[611] Very few minority persons live in the area; they account for 1-2% of the homeless.[612] Single-parents families are common.[613] Shelter providers see substantial increases

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[607]Joel Rekas, Executive Director, Tedford Shelter, Brunswick, telephone interview, 14 September 1989. Mr. Rekas was the former Director of the Preble Street Resource Center in Portland.

[608]Ibid.

[609]Ibid.

[610]Ibid.

[611]Ibid.

[612]Ibid.

[613]Ibid.

in the homeless population from the late spring into the fall, due to the popular misconception of increased hiring and more economic opportunities during this season.[614]

Characteristics of Facilities: During the last year, the number of emergency shelter beds for homeless individuals increased by 25%, with beds for families doubling.[615] Transitional facilities doubled as well. The total number of emergency shelter beds in Portland is 175; of these, 36 are for homeless youth and 50 for families. It is expected that this number will swell to 200 this fall, as plans are currently underway to open an additional shelter for homeless singles.[616] No hard data are available on the number of turnaways.

The Critically Needy: Homeless persons most in need in Portland are youth, the mentally ill, and families with children. Shelter providers point out the shortage of both emergency facilities and necessary supportive services for these groups.[617]

Causes of Homelessness: The main cause of homelessness in Portland is a shortage of affordable housing.[618] Hand in hand with this factor has been the failure of mental health institutions to provide community support services for the mentally ill, and the

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[614]Rekas, 14 September 1989.

[615]Ibid.

[616]Ibid.

[617]Ibid.

[618]Ibid.

failure of the state to provide for the welfare of youth in need.[619] For the last six years, significant additions have been made to the shelter system in Portland, as necessitated by increasing homelessness. With requests for shelter having doubled, advocates expect increasing homelessness in 1990.

Public Housing Availability: The Portland Housing Authority maintains 1,025 conventional units of public housing.[620] There are also 1,200 Section 8 certificates and vouchers administered at the housing authority.[621] Currently there are no Section 8 vacancies.[622] There are 9 vacancies in the conventional units, 2 of which were the result of eviction.[623] Requests for public housing have increased by approximately 45% over the last year.[624]

Applications are currently being accepted for both conventional units and Section 8 certificates. Waiting time varies according to the size of the units being requested. Authorities report that while it takes only 30 days for an elderly applicant to get a placement in a studio apartment, applicants not classified under the HUD preference system will never get a unit -- "not in

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[619]Rekas, 14 September 1989.

[620]Mary Bostwick, Portland Housing Authority, telephone interview, 22 August 1989.

[621]Al Chamberlain, Program Manager Section 8 Department, Portland Housing Authority, telephone interview, 21 August 1989.

[622]Ibid.

[623]Bostwick, 22 August 1989.

[624]Ibid.

this lifetime."[625] Section 8 officials report that studio and one bedroom apartments have a 3-12 month waiting period; two bedroom requests take 1-2 years to fill. Officials note, however, that the wait time for three to four bedroom units is in "never, never land." [626] No hard data are available on the percentage of eligible individuals and households currently being served by assisted housing.

Possible Solutions: The only way to solve homelessness in Portland in through the creation of affordable housing. Shelter provider advocate more SRO development in Portland, as well as some shared units for families with children -- possibly quadriplexes or triplexes.[627] There only 450 SRO units left in Portland, hundreds having been lost due to conversion over the last decade.[628]

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[625]Bostwick, 22 August 1989.

[626]Chamberlain, 21 August 1989.

[627]Rekas, 14 September 1989.

[628]Ibid.

Roanoke, Virginia

Population Characteristics: Controversy abounds over the number of homeless persons in Roanoke. The city government of Roanoke estimates that there are 177 persons homeless within the city limits.[629] Shelter providers contradict this figure, stating that there are at least 1,000.[630] A recent study by the Virginia Commonwealth Department of Education, stated that there are at least 635 homeless children in Roanoke, further disputing the local government figures.[631]

Despite the controversy surrounding the actual number, one thing is clear: their ranks are growing. Requests for emergency shelter by homeless individuals and families have increased over the last year.[632] Local shelter providers cite a daily increase in the number of calls received from families with children. It is estimated that they constitute 80% of the city's homeless.[633] Single men (15%) and single women (5%) make up the balance of this population, with unaccompanied youth under the age of eighteen being the most "hidden" sub-population of the homeless in Roanoke.

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[629]City Manager's Task Force, No Place to Call Home: A Study of Housing and Homelessness in Roanoke, Virginia (Roanoke: City Manager's Task Force on Homelessness, 1987), p. 3.

[630]David Hayden, Justice House, telephone interview, 24 August 1989.

[631]Department of Education, Commonwealth of Virginia, Summary Report to the U.S. Department of Education on Homeless Families (Richmond: Department of Education, 1988), p. 7.

[632]Hayden, 17 August 1989.

[633]Ibid.

Approximately 11% of the city's total population are deinstitutionalized, mentally ill persons. This group is represented among the homeless as well (10%), with substance abusers accounting for a small portion of shelter clients (7%). At least 20% of all homeless persons in Roanoke are employed full or part-time, and research is currently underway to determine how many veterans are represented in these groups.[634] It is estimated that 60% of all shelter clients in Roanoke are homeless due to eviction, and at least 20% suffer from underemployment.[635]

Roanoke's homeless population has a disproportionate number of persons of color (50%), predominantly African-Americans.

> Racism in employment opportunities, primarily ties persons of color to the under-employed or minimum wage positions. Virginia is a very southern place; the city of Roanoke is no exception, as old attitudes prevail.[636]

Of the homeless families in Roanoke, 37.5% are single-parent families -- a lesser percentage than has been observed nationwide.[637] Spring and summer are considerably harder on shelter providers, as they grapple with increasing number of families coming to Roanoke during good weather in search of a better way of life.

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[634]Hayden, 17 August 1989.

[635]Ibid.

[636]Ibid.

[637]Ibid.

Characteristics of Facilities: The number of emergency shelter beds in Roanoke doubled last year, with beds for families increasing.[638] Transitional housing units increased slightly, bringing the total number of beds available to 220.[639] Turnaways are high; Justice House, the largest shelter provider in Roanoke, estimates that it turns away 10 families per day.

The Critically Needy: The three groups of homeless persons most in need of services are families, singles, and the mentally ill.[640] In addition to affordable housing options, the mentally ill require more supportive services.

Causes of Homelessness: The main cause of homelessness in Roanoke is the lack of affordable housing, leading to high incidences of eviction.

> Although Roanoke is a smaller city than, say, nearby D.C., the wages and rents are still horribly out of proportion. Thus, while it seems like the rent is cheap, corresponding wages are terribly low. It costs $250 a month to be housed by a slumlord in a one bedroom and whole families are living in them![641]

The escalating cost of housing in Roanoke has led shelter providers to be very worried about the coming year. Shelters in Roanoke are at capacity, and recently Justice House has been receiving numerous

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[638]Hayden, 17 August 1989.

[639]Ibid.

[640]Ibid.

[641]Ibid.

calls from youth under 18 -- a disturbing sign of growing homelessness within the city.

Public Housing Availability: There are 1,500 conventional units in the city of Roanoke, with no Section 8 availability.[642] The breakdown on these units is as follows: 450 elderly (two high-rise buildings), 24 disabled (lowered cabinets, two-bedroom units), and 6 disabled units with ramps only. Currently, there are fifty vacancies, due to eviction.[643] Public housing officials cited non-payment of rent and lease violation -- primarily having pets or doubling-up -- as the main causes of eviction. There was a small decrease in the requests for public housing. Waiting time is a minimum of two months. It is estimated that the Housing and Redevelopment Authority serves 45% of the eligible low-income population in Roanoke.

Possible Solutions: Nothing can compensate for decent affordable housing in any effort to eliminate homelessness in Roanoke.[644] Shared units are one option for increasing the supply of affordable housing, particularly for the large numbers of homeless families in the city. There are approximately 450 abandoned buildings in Roanoke.[645] Most of these structures are large, single-family homes that could easily be rehabilitated and divided for families.

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[642]Paige Patterson, Roanoke Redevelopment and Housing Authority, telephone interview, 17 August 1989.

[643]Ibid.

[644]Hayden, 17 August 1989.

[645]Ibid.

St. Louis, Missouri

Population Characteristics: Approximately 12-15,000 persons are homeless in St. Louis.[646] The number of individuals requesting emergency shelter increased by 25% over the last year. The number of families requesting shelter has increased dramatically -- 85% since 1988.[647] Of the total homeless population in St. Louis, 66% are families; single men and women make up the remaining 34%.[648] No hard data exist on the percentages of substance abusers, severely mentally ill persons, or veterans. It is estimated, however, that 7.5% of the homeless are employed full-time, and another 7.1% are employed part-time.[649]

Over 50% of the homeless population are persons of color, the predominant ethnicity being African-American;[650] over 90% of all sheltered homeless families are African-American, up from 42% in 1983.[651] Approximately 87% of the sheltered homeless families in St. Louis are headed by single women.[652] Children make up 60% of

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[646]Dave Depker, Missouri Coalition for the Homeless, telephone interview, 17 August 1989.

[647]Ibid.

[648]David S. Kass, Housing the Homeless in St. Louis (St. Louis: Housing Solutions, Inc., 1988), p. 1.

[649]Depker, 17 August 1989.

[650]Ibid.

[651]Alice K. Johnson, "Female-Headed Families and the Housing Market," Affilia: Journal of Women and Social Work, v.4 (Madison: University of Wisconsin Press, Winter 1989, #4), p. 5.

[652]Ibid., p. 5.

the members of homeless families.[653] The total homeless population increases substantially in the spring and summer, as shelter providers report the heaviest volume of requests in January, June, and August, respectively.[654]

Characteristics of Facilities: The number of emergency beds in St. Louis increased over the last year.[655] One small facility assists families with children, but most shelters in St. Louis serve anyone that comes.[656] The total number of beds available to homeless families and individuals seeking shelter is 950, an increase of 50 beds from 1988.[657] No hard data are available on the number of turnaways, but shelters are normally always at capacity.[658]

The Critically Needy: The three groups of homeless people most in need of critical emergency services are families with children, substance abusers, and employed persons, respectively. Shelter providers cited a need for educational opportunities for homeless children, more substance abuse treatment programs, and better

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[653]Kass, Housing the Homeless, p. 1.

[654]Depker, 17 August 1989.

[655]Ibid.

[656]Ibid.

[657]Ibid.

[658]Ibid.

employment opportunities and household budget counseling for those caught in underemployment.[659]

Causes of Homelessness: The main cause of homelessness in St. Louis is a shortage of affordable housing.[660]

> The decrease in the number of affordable apartments appears to have caused nearly 20,000 households or 50,000 individuals to live in substandard and/or overcrowded apartments in St. Louis. Furthermore, in 1984 in the City of St. Louis, 407 households or 1,750 people were displaced by code enforcement and condemnation.[661]

Dave Depker of the Missouri Coalition for the Homeless stated that St. Louis contradicts HUD standards which recommend that no more than 30% of annual income should be spent for shelter; most advocates and city officials use a 50% standard, as it more accurately reflects the housing budgets of city households. Of the city's 400,000 households, 43,500 pay more than 50% of their income for shelter alone.[662]

> The annual mean income of homeless people in St. Louis (in 1987) was slightly more than $2,700. Assuming 30% of income is spent on rent yields $67.50 per month -- an unlikely sum to find decent housing.[663]

The persistence of depressed economic opportunities in St. Louis, coupled with a decided shortage of affordable housing has led

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[659]Depker, 17 August 1989.

[660]Ibid.

[661]Kass, Housing the Homeless, p. 7.

[662]Depker, 17 August 1989.

[663]Kass, Housing the Homeless, p. 8.

shelter providers to expect an increasing number of requests for emergency shelter in 1990.[664]

> The last three months have produced numerous requests for assistance, yet there have been no new programs generating affordable housing, particularly for families. Of the existing housing stock, efficiencies on the cheap end start out at $310 a month; AFDC for a woman with two kids at $289 a month.[665]

Public Housing Availability: The St. Louis Housing Authority maintains 6,200 conventional units.[666] Additionally, the housing authority manages 400 Section 8 Certificates and vouchers.[667] Of the conventional units, 33.9% are vacant, primarily due to deterioration.[668] Public housing authority officials stated that these units were predominantly located in older, high-rise projects, while a few were vacant due to their small size.[669]

During the last year, requests for public housing increased. The waiting list is now closed to families; with 3,850 waiting on conventional units.[670] Similarly, 6,910 families are on the Section

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[664]Depker, 17 August 1989.

[665]Ibid.

[666]Debra Fowler, St. Louis Housing Authority, telephone interview, 17 August 1989.

[667]Roxalana Moore, St. Louis Housing Authority, telephone interview, 17 August 1989.

[668]Walter Jones, Housing Management Division, St. Louis Housing Authority, 17 August 1989.

[669]Ibid.

[670]Fowler, 17 August 1989.

8 waiting list and it is closed to new applications.[671] For the elderly and disabled applicant, waiting time is considerably shorter. Public housing officials estimate that the city housing authority serves approximately 50% of all eligible low-income families and individuals in St. Louis.[672]

Possible Solutions: When asked what may solve the problem of homelessness in St. Louis, one advocate eagerly responded: "Affordable housing, as well as more treatment programs for substance abuses requiring supportive services."[673] SRO's and low-rise apartment buildings with units for large families are needed.[674]

There are currently only three successful SRO's in the City of St. Louis. One 55-unit building is run by the local YWCA, and two buildings of comparable size are run by the Salvation Army.[675] Approximately 100 units are vacant in an old seniors home, and estimates by the University of St. Louis -- the primary organization vying for the purchase of the property from HUD -- state that the cost of rehabilitation work would be $2 million.[676]

The Ecumenical Housing Corporation, a non-profit housing

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[671]Moore, 17 August 1989.

[672]Fowler, 17 August 1989.

[673]Depker, 17 August 1989.

[674]Ibid.

[675]Janet Becker, Ecumenical Housing Corporation, St. Louis, telephone interview, 17 August 1989.

[676]Ibid.

development agency in St. Louis, has primarily done rehabilitation work on single-family homes.[677] The average cost of these units has been $42,500 for a three bedroom house.[678] On the whole, non-profit housing developers have been the most successful in increasing the supply of affordable housing. Interviews with eleven non-profit housing developers revealed that between 1976 and 1986, the smallest of these developers generated 4 units, while the largest successfully developed 90 units, demonstrating that rehabilitation work undertaken by non-profit developers can be a vital resource in increasing the supply of affordable housing.[679]

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[677]Becker, 17 August 1989. Most of the new construction has been modular units.

[678]Ibid.

[679]Kass, Housing the Homeless, p. 27.

San Francisco, California

Population Characteristics: Advocates and shelter providers estimate that 6,500 people are homeless in San Francisco.[680] The number of people requesting emergency shelter has increased by 25-30% over the last year.[681] Homelessness among families increased 100% from 1985 to 1987, but decreased in the last year due to a new state program that provides $30 a day for emergency housing assistance, for up to twenty-eight days.[682]

According to a 1988 United Way survey of shelter providers, single men account for 45% of the homeless population. However, some local advocates believe that the survey undercounts single adults; they claim that 75% of the homeless are single men and

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[680]Josh Brandon, Homeless Task Force, telephone interview, 21 August 1989.

[681]Brandon, 19 September 1989.

[682]U.S. Conference of Mayors, Status Report, p. 25. An average of 200 families each month have qualified for emergency assistance in San Francisco, meaning that approximately 700 family members are homeless each month and do not show up in shelters. Office of the Mayor, Beyond Shelter: A Homeless Plan for San Francisco, Statement of Need (San Francisco: Office of the Mayor, draft for public review, 1989) p. 31. Only 10% of those receiving emergency cash assistance secured permanent housing. U.S. Conference of Mayors, Status Report 1988, p. 61.

women.[683] Families with children currently make up 10-20% of the total; unaccompanied youth account for 10% of the population.[684]

A maximum of 30% of the homeless population suffers from some form of mental illness.[685] It is estimated that 25% of the homeless are substance abusers, and more than 33% are veterans.[686] Approximately 15-20% of the homeless are currently employed, and approximately 50% have been employed within the last 2 years.[687]

More than 75% of homeless families are headed by a single parent.[688]

The 1988 United Way survey indicated that, while 55% of the homeless population is white, African-Americans and Native

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[683]Because the study surveyed only shelter providers, it undercounts single adults, who often do not seek shelter. Brandon, 19 September 1989.

[684]Office of the Mayor, Beyond Shelter, Statement of Need, p. 37; Brandon, 19 September 1989. As homeless youth come of age, they join the ranks of the adult homeless. Gregory Francis, Coalition on Homelessness, telephone interview, 21 August 1989.

[685]"SF's Homeless Cost $57 Million," San Francisco Chronicle, 6 April 1989. Josh Brandon of the Homeless Task Force believes this number may be deceptively high, as mentally ill homeless people remain in the shelter system longer than most homeless people. He estimates that 15-20% of the homeless suffer from acute mental disability which prevents them from entering mainstream society. Brandon, 21 August 1989.

[686]U.S. Conference of Mayors, Status Report 1988, p. 62.

[687]HomeBase Regional Support Center for Homelessness Policy and Programs, Homelessness in the Bay Area: Ten Points (San Francisco: HomeBase, 1989), p. 9.

[688]U.S. Conference of Mayors, Status Report 1988, p. 27.

Americans were disproportionately represented among the homeless.[689] Advocates estimate that Hispanics, who are entering the Bay Area in large numbers, make up 10% or more of the homeless population, but are even more difficult to count because of their undocumented status.[690]

Characteristics of Facilities: There are currently 2900 beds available for the homeless in San Francisco.[691] Two shelters run by religious organizations are specifically for homeless families.[692] Almost 60% of San Francisco's homeless, however, are not placed in shelters but in temporary hotel rooms which function as emergency shelter.[693]

No significant increase in the number of emergency or transitional beds available to homeless individuals and families has been reported in San Francisco over the last year. Family shelters are full every night.[694] Hospitality House, a local emergency shelter, turned away more homeless people -- 300 -- in May 1989, than in any month since it opened five years ago.[695]

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[689]Office of the Mayor, Beyond Shelter, Statement of Need, p. 39.

[690]Brandon, 19 September 1989.

[691]Ibid.

[692]U.S. Conference of Mayors, Status Report 1988, p. 36; Francis, 21 August 1989.

[693]Office of the Mayor, Beyond Shelter, Statement of Need, p. 41.

[694]Brandon, 19 September 1989.

[695]Los Angeles Times, AP Wire Report, 14 August 1989.

According to local advocates, the "hotline" shelter program, which provides emergency hotel rooms, turns away hundreds of people each week.[696]

Causes of Homelessness: The shortage of affordable housing is the principal cause of homelessness in San Francisco.[697] Between 1970 and 1980, 8,000 residential hotel rooms were converted to tourist use.[698] There is currently a 21% vacancy rate at inexpensive residential hotels.[699] The average SRO rent is $340 monthly, while monthly General Assistance benefits provide only $341.[700]

The inability of wages to support housing costs in San Francisco is a main cause of homelessness. In a recent survey of hotline hotel users, 20-25% were working full or part-time jobs.[701] Other factors contributing to homelessness include unemployment and

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[696]Brandon, 19 September 1989.

[697]Brandon, 19 September 1989. While average rents in San Francisco have nearly doubled since 1980, rental costs for the city's most affordable housing have increased at about twice the city-wide average. Office of the Mayor, Beyond Shelter, Implementation Plan, p. 11.

[698]North of Market Planning Coalition: Ten Years Uniting the Tenderloin Community (San Francisco: North of Market Planning Coalition, 1988), p. 2.

[699]"No More Camping at City Hall," San Francisco Examiner, 12 July 1989.

[700]Eric Shapiro, Office of the Mayor, City of San Francisco, telephone interview, 21 August 1989.

[701]Brandon, 19 September 1989.

other employment-related problems, mental illness and a lack of services, and cuts in federal assistance to families.[702]

Roughly 2,000 Section 8 contracts are due to expire by 1993 in San Francisco; in addition, in the next ten years there are 1,500 units (in 8 buildings), whose owners may be eligible to prepay the remainder of their mortgage.[703] Given these facts, the number of homeless people is expected to continue to increase over the next year.[704]

The Critically Needy: All homeless people in San Francisco are in dire need of permanent housing, which is unaffordable to most low-income people.[705] Families, particularly those on AFDC, need housing subsidies to be able to afford housing in San Francisco.[706] As of January 1989, the median rent for a two-bedroom apartment was $898; the monthly AFDC grant for a family of four is $788 per month.[707]

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[702]U.S. Conference of Mayors, Status Report 1988, pp. 40-41.

[703]Office of the Mayor, Beyond Shelter, Statement of Need, p. 22.

[704]U.S. Conference of Mayors, Status Report 1988, p. 58.

[705]Brandon, 21 August 1989.

[706]Between 1981 and 1988, San Francisco's AFDC rolls decreased by 15%, or 2000 families, a reflection in large part of the difficulty families have in locating affordable housing in San Francisco. Office of the Mayor, Beyond Shelter, Statement of Need, p. 24.

[707]HomeBase, Ten Points, pp. 9, 13.

Substance abusers need decent shelter, detoxification programs, and treatment and rehabilitation programs.[708] The mentally ill require transitional and congregate housing facilities to meet their permanent housing needs.[709] San Francisco has lost 550 board-and-care beds since 1977, a 41% reduction.[710]

Public Housing Availability: There are 3,000 people on the waiting list for San Francisco's 6,500 public housing units.[711] As of April 1989, there were 540 vacant units in need of repair. About 720 units become vacant each year, requiring moderate rehabilitation before tenants can move in.[712] The waiting lists are closed, and the wait for assistance averages three years.[713]

There are 3,585 Section 8 certificates in San Francisco, and there are 2,990 applicants on the waiting list.[714] The wait ranges from two to ten years for Section 8 assistance.[715]

Possible Solutions: Community-based non-profit housing development corporations created more than 5,000 new or rehabilitated low-cost

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[708]U.S. Conference of Mayors, Status Report 1988, p. 56.

[709]Ibid., p. 56.

[710]Office of the Mayor, Beyond Shelter, Statement of Need, p. 27.

[711]Ibid., p. ii; Eric Shapiro, 21 August 1989.

[712]Office of the Mayor, Beyond Shelter, Statement of Need, p. 17.

[713]U.S. Conference of Mayors, Status Report 1988, p. 36.

[714]Office of the Mayor, Beyond Shelter, Statement of Need, p. 21.

[715]HomeBase, Ten Points, p. 11.

housing units from 1980 to 1988 -- an impressive contribution, but only a first step, considering that even the Mayor's office estimates that there is a need for 6,000 additional units of permanent low-cost housing in San Francisco.[716]

In 1975, there were 32,980 residential hotel rooms in San Francisco; in 1988, there were 18,723.[717] Legislation has been drafted that would limit the conversion of SRO hotel rooms for tourist use in the downtown area.[718] Furthermore, according to the Mayor's office, $2.5 million in city funds will be allocated this year to nonprofit development corporations to acquire and rehabilitate four Tenderloin hotels with 460 rooms; another $1.2 million will be allocated to acquire, rehabilitate and convert a 65-room tourist hotel into a residential hotel by May 1990.[719]

Many SRO units need rehabilitation; the average cost to non-profit development corporations of rehabilitating vacant SRO units is roughly $38,000 per unit; the total cost for 1,500 units would be $57 million.[720] Furthermore, there is a need for 3,500 new units

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[716]Office of the Mayor, Beyond Shelter, Statement of Need, p. 24.

[717]Ibid., Table 7: Residential Hotel Rooms in San Francisco, p. 23.

[718]Shapiro, 21 August 1989. The current SRO preservation ordinance, which was enacted in 1981, contains numerous loopholes which the new legislation aims to close. Brandon, 19 September 1989.

[719]Office of the Mayor, Beyond Shelter, Implementation Plan, pp. 20-21.

[720]Office of the Mayor, Beyond Shelter, Statement of Need, p. 60.

of SRO housing; construction costs are estimated at $50,000 per unit, bringing the total cost to $175 million.[721] The City's Redevelopment Agency, in a reversal of its role as gentrifier and developer of the city's downtown area, has committed $892,000 to purchase a residential hotel for chronically mentally disabled people.[722]

The San Francisco Housing Authority is beginning construction on 210 new units, which will cost $17 million in HUD and city funds.[723] Rehabilitating vacant units and reducing the vacancy rate from 9% to 2% by September 1990, will cost $1.8 million.[724]

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[721]Office of the Mayor, Beyond Shelter, Statements of Need, p. 61.

[722]Office of the Mayor, Beyond Shelter, Implementation Plan, p. ii.

[723]Ibid., pp. ii, 18.

[724]Ibid., p. 19.

Wenatchee, Washington*

Population Characteristics: There are approximately 1,500 homeless persons in the greater Wenatchee area.[725] Emergency shelter requests have increased by 25% in the last year, while requests for shelter by families with children have increased over 100%.[726] The homeless population in the greater Wenatchee area is overwhelmingly composed of single men (64%), while unaccompanied youth account for only 1.2% of the total. Women and families with children make up 34.7% of the homeless population.[727] Shelter providers estimate that approximately 33% of their clientele have some form of mental illness, 75% are substance abusers (including adult children of alcoholics recovering from the effects of substance abuse by a loved one), and at least 25% are employed. No hard data are available to substantiate these estimates. Approximately 12% of the sheltered population is composed of veterans.[728]

Over 33% of the homeless population of Wenatchee is made up of persons of color, 30.1% of whom are Hispanic.[729] African-

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[725]Tricia Smith, Women's Resource Center, telephone interview, 22 August 1989.

[726]Ibid. Figures from the daily logs of area shelter providers show that during the six-month period of January to June 1989, 37 families with children had been turned away, while in July alone, 47 families with children could not be served by local shelters.

[727]Ibid.

[728]Ibid.

[729]Ibid.

*The "greater Wenatchee area" includes East Wenatchee, Cashmere, Leavenworth, Waterville, Chelan, and Moses Lake in addition to the City of Wenatchee. Total population of this area is 44,000.

Americans make up 2.6% and Native Americans account for 4.7%. Southeast Asians constitute only 0.3% of the sheltered population.[730] On the whole, the homeless population of Wenatchee increases during late spring, due to an influx of migrant farmworkers.[731] A new trend is that many of the farmworker families are staying in the region during the off-season, increasing the ranks of the literally homeless or ill-housed in the greater Wenatchee area.

Characteristics of Facilities: During the last year, emergency and transitional facilities for homeless persons, remained constant at 125 beds.[732] Turnaways are on the rise, indicated by 91 persons having been turned away in the last six months.[733] To date, beds have not increased seasonally, even during migrant farmworker "rushes."

The Critically Needy: Homeless person significantly lacking critical emergency shelter services in the Greater Wenatchee Area are families with children, the mentally ill, and single mothers with children, respectively. There are no emergency facilities in Wenatchee that deal exclusively with homeless families. Shelter providers cite an ongoing need for more affordable housing

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[730]Smith, 22 August 1989. Statistics on race obtained from shelter provider reports on file with the state.

[731]Ibid.

[732]Ibid.

[733]Ibid. At the Women's Resource Center alone, 47 requests went unmet in the last six months.

opportunities, and household management/budgeting training for homeless persons with children. While the mentally ill need much of the same, shelter providers stress the need for counseling services as well, aiding in the transition of these homeless to mainstream living.[734]

Cause of Homelessness: The main cause of homelessness in the Wenatchee area is a lack of decent affordable housing. There is a need for educational programs for the larger population to combat NIMBYism in the community. Underemployment is a factor directly related to growing homelessness in the region: "Of all women in Wenatchee 60% are employed in minimum wage seasonal, agricultural work. Well into 1990, we expect to see a continued increase in requests for emergency shelter, given current turnaway statistics at local shelters," according to Tricia Smith of the Women's Resource Center.

Public Housing Availability: There are 70 conventional units of public housing in Wenatchee including some units financed with FmHA 514 and 516 monies, currently administered by the local housing authority.[735] The housing authority also maintains 190 Section 8 certificates and 43 vouchers. The vacancy rate is extremely low,

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[734]Smith, 22 August 1989.

[735]Lorraine Bennett, Wenatchee Housing Authority, telephone interview, 22 August 1989.

with only 2 units vacant. The requests for public housing have increased dramatically -- 100% since last year.[736]

The housing authority is still taking applications for public housing, despite a substantial waiting time for units. There is currently an average six to eight month wait for 2-bedroom units and an average of twenty-two months for 4-bedroom units. Housing authority officials estimate that they are servicing a mere 5% of all eligible low-income households in Wenatchee.

Possible Solutions: In order to solve the homelessness problem in Wenatchee, there would need to be a combination of increased standardized low-cost housing and better employment opportunities for residents.[737] One alternative for alleviating the affordable housing crunch would be more multi-room, family-sized, subsidized apartments.[738]

Despite its small size (total population is 44,000), the greater Wenatchee area has been plagued by some "big city" problems. Half of the city's SRO housing stock was lost last year due to condemnation and suspected arson. As a result, only 150 units remain in town.[739] These losses were damaging to the already depleted housing opportunities for low-income singles in Wenatchee.

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[736]Ibid. In Summer 1988, there were 50 names on the waiting list; currently, there are 100 names on the list.

[737]Smith, 22 August 1989.

[738]Lori Barrett, Director, Wenatchee Housing Authority, telephone interview, 23 August 1989.

[739]Ibid.

Lori Barrett, Director of the Wenatchee Housing Authority, estimates that there are 50 vacant SRO units in town. Costs to rehabilitate these units would average $5,000 for a 10 x 12 room.[740]

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[740]Barrett, 23 August 1989. Figures based on checks done with the County Assessor's Office.

Yakima, Washington

Population Characteristics: It is estimated that there are 1,450 homeless persons in Yakima.[741] Total requests for emergency shelter were up by 40% from last year, with requests by families increasing 40%.[742] The homeless population of Yakima have a disproportionate number of families with children making up its ranks (80%), while single men (10%) and women (7%) constitute the balance of the homeless population.[743] Unaccompanied youth make up only 3% of the city's homeless population.[744]

Substance abusers account for 20% of the homeless population, and employed persons 10%. Substantially below national estimates are significantly small concentrations of severely mentally ill persons (1-2%), and veterans (2-3%).[745] Persons of color constitute approximately half of the homeless population -- 33% Hispanic, 5% African-American, and 10% Native American.[746]

Of the 10% Native Americans represented among the homeless in Yakima, many are members of either the Yakima Nation or the Colville Nation in Northern Washington state. There are 27

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[741]Phoebe Nelson, Yakima Coalition for the Homeless, telephone interview, 22 August 1989.

[742]Aggregate figures from area shelter providers, collected by Phoebe Nelson.

[743]Ibid.

[744]Ibid.

[745]Ibid.

[746]Ibid. Based on aggregate data from emergency shelter provider reports.

families known to be homeless on the Yakima Reservation.[747] Single persons constitute the balance of the population. Requests for emergency shelter by families has increased. Unemployment runs high, as only 2 persons within the homeless population are employed -- 1 full-time and 1 part-time.[748] Most of the homeless families, (95%), are headed by single parents.[749] Shelter providers note an increase in the requests for emergency shelter after crops are harvested, (August), into the winter, (November).[750] After this time, requests tend to remain constant.[751]

Of the 5,000 people on the Colville reservation, approximately 3,000 are Native Americans, 50 of whom are known to be homeless.[752] Doubling and tripling-up are common among Native American families as they try to "take care of their own."[753] The number of homeless persons on the reservation requesting emergency shelter has increased approximately 5% over the last year, with requests by families with children increasing by 5% as well.[754] Single women

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[747]Linda Walker, Program Manager, Yakima Nation, telephone interview 2 October 1989.

[748]Ibid.

[749]Ibid.

[750]Ibid.

[751]Ibid.

[752]Brother Jerry Sullivan, Social Service Counselor, Colville Reservation, telephone interview, 15 September 1989.

[753]Ibid.

[754]Sullivan, 15 September 1989.

with children make up 95% of Colville's homeless, with only 5% being single men.[755] Approximately 70% of the homeless are employed full or part-time.[756] The majority of homeless families in Yakima are headed by single parents, and over half of the members are children.[757]

Characteristics of Facilities: The number of emergency beds for homeless individuals and families remained constant over the last year. During FY90, transitional housing units will increase by 8 units.[758] There are no facilities in Yakima that specifically serve homeless families with children. The total bed count in the area is 80, including motel voucher rooms.[759] Shelter providers estimate that over the course of the last year, 500 people were turned away. Facilities on the Colville reservation have remained stable during the last year -- the total number of beds is 8.[760] Similarly, the Yakima Nation has limited motel vouchers to offer for emergency shelter.[761]

The Critically Needy: Homeless people in Yakima most critically lacking services are families with children, single women, and

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[755]Sullivan, 15 September 1989.

[756]Ibid.

[757]Nelson, 22 August 1989.

[758]Ibid.

[759]Ibid.

[760]Sullivan, 15 September 1989.

[761]Walker, telephone interview, 3 October 1989.

single men.[762] Phoebe Nelson of the Yakima Coalition for the Homeless cites a lack of emergency shelter and transitional housing for intact families. Currently, there is no emergency shelter in town specifically for single men.

Causes of Homelessness: Consistent with national trends, Yakima lacks affordable housing. Coupled with this is a general trend toward limited income opportunities.[763] Rents in Yakima average $275 a month for a one bedroom, $285-$350 for two bedroom, and $350-400 for three bedroom apartments.[764] Service providers on the reservation state that this lack of affordable housing and the persistence of NIMBYism have contributed to homelessness on the reservation.[765] Given the high cost of housing and the increasing requests for shelter as indicated on monthly shelter reports, it is expected that requests for emergency shelter in the city will escalate in 1990.

Public Housing Availability: The public housing authority of Yakima maintains 255 conventional units, 95 of which are FmHA.[766] Additionally, there are 190 Section 8 certificates and 145 Section 8 vouchers. Currently, there are no vacancies.[767]

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[762]Nelson, 22 August 1989.

[763]Ibid.

[764]Ibid.

[765]Sullivan, 15 September 1989.

[766]Bill Burris, Yakima City Public Housing Authority, telephone interview, 24 August 1989.

[767]Ibid.

Over the past year, requests for public housing have increased by 10%. The housing authority is still accepting applications, and officials there report that the maximum wait is 18 months.[768] Of the names on the waiting list approximately 200 are families; over 100 are trying to obtain FmHA housing, while approximately 400 are waiting for Section 8 certificates or vouchers.[769] It is estimated that the housing authority serves only 15-20% of all eligible low-income households in Yakima.[770]

Possible Solutions: Shelter providers in Yakima cite a need for more affordable housing in their city. When asked what type of structures would help alleviate the problem, Phoebe Nelson of the Yakima Coalition for the homeless stated that triplexes would provide a cost-effective option for new construction. Few SRO's remain in Yakima, as 2 buildings were lost in the last two years.[771] Service providers on the Colville reservation cite a need for SRO's and shared units to combat increasing homelessness.[772]

The Yakima Coalition is in the process of redeveloping 2 sites for transitional housing.[773] Echoing the need for transitional housing opportunities was Dixie Krachet, Block Grant Manager of

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[768]Ibid.

[769]Ibid.

[770]Ibid.

[771]Nelson, 22 August 1989.

[772]Sullivan, 15 September 1989.

[773]Nelson, 22 August 1989.

Yakima Housing Services. "Costs to rehab a single family home with two to three bedrooms, single-story on a 7,000 square foot lot are approximately $15-20,000." Such rehabilitation activity could be viably used for both transitional housing facilities and the more critically needed permanent affordable housing opportunities.